

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24187

State File No. _____

FILED JUL 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4113</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>BRUNSWICK</u>)		c. LENGTH OF STAY (In this place) <u>58 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0210</u> OR TOWN <u>BRUNSWICK</u>		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME F. BROADWAY</u>				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED a. (First) <u>ROSALIE</u>			b. (Middle) <u>FOGGIN</u>		c. (Last) <u>ELLIOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-14-1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 29-1894</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BRUNSWICK MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>J. E. FOGGIN</u>			13b. MOTHER'S MAIDEN NAME <u>EVA PUGG</u>		14. NAME OF HUSBAND OR WIFE <u>W. H. ELLIOTT</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. H. ELLIOTT BRUNSWICK MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7-10-53</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>					<u>7-13-53</u>	
		DUE TO (c) <u>Myocardial infarction</u>					<u>Terminal</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>						
19a. DATE OF OPERATION <u>C</u>		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>7-12</u> , 1953, to <u>7-14</u> , 1953, that I last saw the deceased alive on <u>7-14</u> , 1953, and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. P. Fowler 2 D.D.</u>				23b. ADDRESS <u>BRUNSWICK MO</u>		23c. DATE SIGNED <u>7-15-53</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-15-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK (RURAL) MO</u>		
DATE REC'D BY LOCAL REG. <u>7-15-53</u>		REGISTRAR'S SIGNATURE <u>Mildred Bane</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. M. Mason Brunswwick MO</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

10
1

MO

JUL 20 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. M. Meisel

Licensed Embalmer No. 823

P. O. Address Brunswick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.