

FILED JUL 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23209**  
Registrar's No. **289**

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>3026</b>	
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY OR TOWN <b>INDEPENDENCE</b>		c. LENGTH OF STAY (in this place) <b>OVER 50 yrs</b>	c. CITY OR TOWN <b>INDEPENDENCE</b>		70070
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>INDEP. SANITARIUM &amp; HOSPITAL</b>			d. STREET ADDRESS (If rural, give location) <b>618 S. CRYSLER</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROSE</b>		b. (Middle) <b>J.</b>	c. (Last) <b>ELLIOTT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 16 1954</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 12, 1873</b>	9. AGE (In years last birthday) <b>81</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SELIGMAN MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>SOLOMAN BIERLEY</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA WESTON</b>		14. NAME OF HUSBAND <del>OR WIFE</del> <b>AMBROSE E. ELLIOTT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EVERT A. ELLIOTT 826 W. LEXINGTON</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>					
ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> years					
DUE TO (c) <b>Chronic Myocardial Damage</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>42202</b>			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 <b>May 8, 1944</b> , to <b>July 16, 1954</b> , that I last saw the deceased alive on <b>July 7, 1954</b> , and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Estel Watson M.D.</b>			23b. ADDRESS <b>129 N. Lexington</b>		23c. DATE SIGNED <b>7-17-54</b>
24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JULY 19 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MOUND GROVE</b>		24d. LOCATION (City, town, or county) (State) <b>INDEPENDENCE JACKSON MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>7-19-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>INDEPENDENCE MO.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 17 1955

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

*Henry W. Stahl*

Licensed Embalmer No. 3181

P. O. Address *Independence*

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.