

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4958  
37343

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>CAMDEN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH MEDICAL CENTER</u>		STREET ADDRESS (If rural, give location) <u>3 MILES S.E. CAMDEN</u>	
3. NAME OF DECEASED a. (First) <u>CLEAVY</u> b. (Middle) <u>RNN</u> c. (Last) <u>ELLIOTT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER - 25 - 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 20, 1885</u>
9. AGE (In years last birthday) <u>68</u> Months <u>6</u> Days <u>8</u> Hours <u>10</u> Mins.		11. BIRTHPLACE (City and State or Foreign Country) <u>OPRICK MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>STANTAN LILHARD</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE ESTER</u>	14. NAME OF HUSBAND OR WIFE <u>OLIVER GARRETT ELLIOTT</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Milvin J. Elliott, Liberty, Missouri</u> ADDRESS _____
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>Multiple small emboli - Rt. lower lobe of lung</u> ANTECEDENT CAUSES DUE TO (b) <u>thrombosis - Rt. iliac vein + pelvic vein (m.m.o.)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhage - sm. intestine, colon, + endometrium</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>19 Oct 1954</u> , to <u>25 Oct 1954</u> , that I last saw the deceased alive on <u>24 Oct 1954</u> , and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>N. V. Bolin</u> (Degree or title) _____		23b. ADDRESS <u>1918 Professional Bldg. N.E. 2, Mo.</u>	
23c. DATE SIGNED <u>25 Oct. 54</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 27 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SOUTHPOINT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OPRICK MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>10-26-54</u>		REGISTRAR'S SIGNATURE <u>Merna Minshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Richmond, Missouri</u>		ADDRESS <u>2057-410 FAVORAL HOME RICHMOND, MISSOURI</u>	

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

*10234  
M. J. ...  
10/20/34*

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

WRITE PLAINLY--USING UNFADING BLACK INK

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

*Funeral* *Aug 27 1954* *Southwest Cemetery, Des Moines, Iowa*

*QUEST-LIFE FUNERAL HOME* *Richard M. Nelson, 2110 1st Ave. S.E., Des Moines, Iowa*

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 406  
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.