

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Weyford Johnson
State File No. 15154

300
48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>408-A</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>GREENE</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Springfield</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>WEBSTER</u>	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARSHFIELD - Rural Rt #1</u>		d. STREET ADDRESS _____		(If rural, give location) <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HARMONY REST HOME</u>				d. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>WARREN</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>ELLIOTT</u>	(Month) <u>MAY</u>	(Day) <u>6</u>	(Year) <u>1955</u>	MALE	6. COLOR OR RACE <u>WHITE</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>August 9, 1877</u>		9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>WEBSTER Co. Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>WARREN F. ELLIOTT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY JANE McCracken</u>
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Elliott, Springfield, Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>			
II. OTHER SIGNIFICANT CONDITIONS				ANTICIPATED CAUSES			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis 3-30-55</u>				DUE TO (b) <u>Benign arteriosclerosis</u>			
				DUE TO (c) _____			
19a. DATE OF OPERATION _____		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>12-10, 1955</u> , to <u>5-6, 1955</u> , that I last saw the deceased alive on <u>4-23, 1955</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Weyford Johnson</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>5-24-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/19/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Good Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>WEBSTER Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-25-55</u>		REGISTRAR'S SIGNATURE <u>Walter Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.W. Beaker</u>		ADDRESS <u>Marshfield</u>	

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..... *Lucien T. Swadlow*

Licensed Embalmer No. *4875*

P. O. Address *Worcester*

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.