

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25211

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY Audrain.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico, Missouri		c. LENGTH OF STAY (In this place) 6Dys	c. CITY OR TOWN Audrain Co., Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Co. Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) R.F.D. Molino, Missouri.	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Henry c. (Last) Elliott			4. DATE OF DEATH (Month) (Day) (Year) Aug 13, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26, 1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 4 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Ralls County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Elliott	13b. MOTHER'S MAIDEN NAME Margaret Tenney	14. NAME OF HUSBAND OR WIFE Mae Elliott
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Mae Elliott Molino, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		
DUE TO (c) 592X		2 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Hypertension Diastolic Ulcer		6 mos.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Mar 19**, 1955, to **Aug 13**, 1955, that I last saw the deceased alive on **Aug 13**, 1955, and that death occurred at **12:55 PM** from the causes and on the date stated above.

23a. SIGNATURE R. D. Swan	(Degree or title) D.O.	23b. ADDRESS Mexico, Missouri.	23c. DATE SIGNED 8-14-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-15-1955	24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	24d. LOCATION (City, town, or county) (State) Laddonia, Missouri.
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DATE REC'D BY LOCAL REG. Aug 14-1955	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Clyde S. Welby	ADDRESS Perry, Missouri.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1001

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... *Clyde C. Wilkey*

Licensed Embalmer No..... 582

P. O. Address..... Parry, Mo..

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.