

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32340**
1078
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Washington Twsp		c. LENGTH OF STAY (in this place) 8 years	c. CITY OR TOWN Industrial City
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #3 (Industrial City)		f. STREET ADDRESS (If rural, give location) RFD #3, St. Joseph	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) ERNEST c. (Last) ELLIOTT	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 3, 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 27, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	Hours _____	Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Fillmore, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Huston Elliott	13b. MOTHER'S MAIDEN NAME Eleanor Asher	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William Elliott, Industrial City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the prostate DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 177x		INTERVAL BETWEEN ONSET AND DEATH unknown 2 yrs
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **May 31, 1955**, to **Oct 3, 1955**, that I last saw the deceased alive on **Sept 29, 1955**, and that death occurred at **10:05A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Martin H. Christ, MD	23b. ADDRESS 6106 King Hill Ave., City	23c. DATE SIGNED 10-4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Oct 5, 1955	24c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery	24d. LOCATION (City, town, or county) (State) Fillmore, Missouri
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DATE REC'D BY LOCAL REG. Oct 10, 1955	REGISTRAR'S SIGNATURE Kathleen M. Allison 4-85	25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home Savannah Mo	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *E. G. Breit*.....

Licensed Embalmer No. *265*

P. O. Address *Savanna*

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.