

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **267**

FILED JAN 30 1956

42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 83

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1000		Registrar's No. 83	
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 St. Joseph		c. LENGTH OF STAY (in this place) 37 yrs		c. CITY OR TOWN St. Joseph		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elliott's Rest Home 1313 North 10th Street				e. STREET ADDRESS (If rural, give location) 1313 North 10th Street 01170			
3. NAME OF DECEASED (Type or Print) a. (First) J		b. (Middle) RICE		c. (Last) ELLIOTT		4. DATE OF DEATH (Month) (Day) (Year) Jan. 22 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 28, 1875	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Walker Mfg. Co.		10b. KIND OF BUSINESS OR INDUSTRY Walker Mfg. Co.		11. BIRTHPLACE (City and State or Foreign Country) DeKalb County Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME John Elliott		13b. MOTHER'S MAIDEN NAME Mary Estes		14. NAME OF HUSBAND OR WIFE Mrs. Della Elliott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-09-3547		17. INFORMANT'S SIGNATURE OR NAME Mrs. Della Elliott		ADDRESS St. Joseph, Mo.	
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) Cerebral hemorrhage 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. 331x				INTERVAL BETWEEN ONSET AND DEATH 9 days	
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) m.		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 Jan. 17, 1956, to Jan 22, 1956, that I last saw the deceased alive on Jan. 22, 1956, and that death occurred at 3:25P m., from the causes and on the date stated above.							
23a. SIGNATURE John G. Swails M.D. (Degree or title)				23b. ADDRESS Wathena, Kansas		23c. DATE SIGNED 1-23-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-25-56		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Cosby Missouri	
DATE REC'D BY LOCAL REG. Jan 26, 1956		REGISTRAR'S SIGNATURE Esther M. Allison		GENERAL DIRECTOR'S SIGNATURE St. Joseph Funeral Home		ADDRESS St. Joseph, Mo.	

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

MAY 15 1959

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..... *John Roy Starnes*

Licensed Embalmer No. *7438*

P. O. Address *St. Joseph*

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.