

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3753**

FILED FEB 25 1957

42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 167

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) 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) 40 yrs.		c. CITY OR TOWN St. Joseph		d. Is 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 Wyatt Park Nursing Home 2705 Lafayette St.				e. STREET ADDRESS (If rural, give location) 321 W. Indiana Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) _____ c. (Last) ELLIOTT			4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 9, 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter work		11. BIRTHPLACE (City and State or Foreign Country) Rushville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James M. Elliott		13b. MOTHER'S MAIDEN NAME Cinderella Conard		14. NAME OF HUSBAND OR WIFE Lucille Elliott			
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 / ADDRESS Dale Elliott, Shawnee, Kansas			
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, arthritis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old cerebral & general arteriosclerosis DUE TO (c) Myocardial Weakness & Decapital II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent Fract Hip. (1-11-57)				INTERVAL BETWEEN ONSET AND DEATH Acute Yrs _____ Months _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 334 XF 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) 2			
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 April 7, 1956 , to 2-13, 1957 , that I last saw the deceased alive on Jan 27, 1957 , and that death occurred at 3:00a. , from the causes and on the date stated above.							
23a. SIGNATURE Robert M. Kuben M.D. (Degree or title)				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 2-13-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 15, 1957		24c. NAME OF CEMETERY OR CREMATORY Armstrong Cemetery		24d. LOCATION (City, town, or county) (State) Rushville, Mo.	
DATE REC'D BY LOCAL REG. Feb 18, 1957		REGISTRAR'S SIGNATURE Cathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Clark		ADDRESS Clark Funeral Home St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Buchanan Missouri Buchanan
 40 years 40 years
 351 ... Indiana Ave. 350 ...
 1927 1927
 80 1870 80
 James W. Elliott Retired Carpenter
 Lucille Elliott Carpenter Work
 Date Elliott, Shawnee, Kansas none on

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 Paul Clark Student Embalmer No. 539

working under my personal supervision.

Student Paul Clark
Signature of Student Embalmer

Signed Emma Clark

Licensed Embalmer No. 423

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.