

FILED MAR 13 1957

STANDARD CERTIFICATE OF DEATH

5783

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 2054 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY PIKE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bowling Green		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE GO HOSP			Length of stay in lb		
3. NAME OF DECEASED (Type or print) First EVERETT Middle E Last ELIOTT			4. DATE OF DEATH Month Feb. Day 22 Year 1967		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 16 1892	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR IF UNDER 24 HRS. Month 8 Day 12 Hours Min 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) GUMMEPHILLY, MO. S. A.	
13. FATHER'S NAME JAMES S. ELIOTT			14. MOTHER'S MAIDEN NAME Don't Know		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs. HERMAN MYERS LOUGHRAN Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia					INTERVAL BETWEEN ONSET AND DEATH 6 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) arteriosclerotic Cordis -					12+ yrs
DUE TO (c) vascular - Renal Disease					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Encephalopathy and Pulmonary Decomposition					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury with Part I or Part II of item 18.) 442 X		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-28-55 to 2-22-57 and last saw him her alive on 2-22-57 Death occurred at 1:50 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Duffee or title) Chas. A. Lemellen M.D.			22b. ADDRESS Louisiana, Missouri		22c. DATE SIGNED 3-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Feb 24 1967	23c. NAME OF CEMETERY OR CREMATORY Bowling Green		23d. LOCATION (City, town, or county) (State) Bowling Green MO
24. FUNERAL DIRECTOR Grace Bankhead		ADDRESS Bowling Green		25. DATE RECD. BY LOCAL REG. March 2, 1957	26. REGISTRAR'S SIGNATURE Bernice Collier

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc.: must use only standard non-removable type. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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 *Harold C. Kirk*.....

Licensed Embalmer No. *45*.....

P. O. Address *Bombay*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.