

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20446**

FILED JUL 2 - 1957

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

BIRTH NO. _____		REG. DIST. NO. 23		PRIMARY REG. DIST. NO. 3015		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY CLINTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron		c. LENGTH OF STAY (in this place) Int 8 days		c. CITY OR TOWN CAMERON		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 CAMERON Community Hosp.				e. STREET ADDRESS (If rural, give location) 109 E 8th St. 0250			
3. NAME OF DECEASED (Type or Print) a. (First) LILLY b. (Middle) EDNA c. (Last) ELLIOTT			4. DATE OF DEATH (Month) (Day) (Year) June 24 - 57				
5. SEX F	6. COLOR OR RACE w.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 7-21-1883		9. AGE (In years last birthday) 73	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, except retired) DRESS MAKER.		10b. KIND OF BUSINESS OR INDUSTRY Self.		11. BIRTHPLACE (City and State or Foreign Country) PALO Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME M. F. Elliott		13b. MOTHER'S MAIDEN NAME Elizabeth Uplinger		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Baker Cameron 940			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation INTERVAL BETWEEN ONSET AND DEATH 10 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis 5-15 to 6-24/57 DUE TO (c) Generalized Arteriosclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) (Min.)		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 5-15-1957 , to 6-24-1957 , that I last saw the deceased alive on 6-24-1957 , and that death occurred at 5:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Doctor or title) R. L. Bloom				23b. ADDRESS Camerton, Mo.		23c. DATE SIGNED 6-25-57	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE June 26-57	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) CAMERON Mo.		
DATE REC'D BY LOCAL REG. 6-26-57		REGISTRAR'S SIGNATURE Francis D. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE Palmer Funeral Home		ADDRESS Cameron 940	

(Licensed Emballer's Statement on Reverse Side)

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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..... Robert J Poland

Licensed Embalmer No..... 4777

P. O. Address..... 2222
Cambridge

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.