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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-009916

FILED APR 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1514

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3334 WAYNE — Length of stay in Hospital: UNK

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3334 WAYNE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First RALPH Middle FRANCIS Last ~~ELLIOTT~~ ELLIOTT

4. DATE OF DEATH Month 3 Day 21 Year 1958

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]

8. DATE OF BIRTH: 1-19-1908

9. AGE (In years last birthday): 50 — 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): Body Repair Man

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): MOBERLY, MO

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES W ~~ELLIOTT~~ ELLIOTT

13b. MOTHER'S MAIDEN NAME: LELA GIVENS

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNK

17. INFORMANT: WALTER ~~ELLIOTT~~ ELLIOTT Address: MOBERLY, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Artery Insufficiency

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

ITEM 3, 13a, 17 CORRECTED BY AFFIDAVIT OF Informant 7-23-59

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Hugh H. Owens Coroner

22b. ADDRESS: 1034 Pialto Bldg

22c. DATE SIGNED: 3-23-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 3-22-1958

23c. NAME OF CEMETERY OR CREMATORY: SUNSET MEMORIAL GARDEN

23d. LOCATION (City, town, or county) (State): MOBERLY, MO

24. FUNERAL DIRECTOR ADDRESS: MAHAN FUNERAL HOME MOBERLY, MO

25. DATE RECD. BY LOCAL REG.: 3-23-58

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Hugh H. Owens

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 Leonard Lassentino

Licensed Embalmer No. 4554

P. O. Address KCMO

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.