Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000722
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN Boonville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph Hospital — Length of stay in 1b 2 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville 0272 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 114 E. Water St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Effie Middle Elliott Last Ross
EFFie

4. DATE OF DEATH Month January Day 23 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] 2
8. DATE OF BIRTH January 15, 1876
9. AGE (In years last birthday) 83 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Weaubleau, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Elliott
13b. MOTHER'S MAIDEN NAME Louvie Fitzhugh
14. NAME OF HUSBAND OR WIFE James Ross

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. ------
17. INFORMANT Sid Elliott, Malta Bend, Mo. R.F.D

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH 3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary Emphysema & Bronchiectasis — 10-12 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None 526X
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.)
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 11-19-56, to 1-23-59 and last saw her alive on 1-23-59
Death occurred at 8:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William A. Allen, MD (Degree or title)
22b. ADDRESS 329 MAIN St. - Boonville, Mo.
22c. DATE SIGNED 1-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE January 24/59
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) (State) Boonville, Missouri.

24. FUNERAL DIRECTOR Goodman & Boller, ADDRESS Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 1-25-59
26. REGISTRAR'S SIGNATURE D. Cooper

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All 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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

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.