

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008664
STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institutions, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u> <u>0171</u> <u>0</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bales Hospital</u>		d. STREET ADDRESS <u>1301 N. Park</u>	
3. NAME OF DECEASED (Type or print) First <u>Viola</u> Middle <u>Mabel</u> Last <u>Elliott</u>		4. DATE OF DEATH Month <u>4</u> Day <u>1</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-1-1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Carroll County</u>
13a. FATHER'S NAME <u>Charles S. Fair</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Edwards</u>	14. NAME OF HUSBAND OR WIFE <u>Homer Elliott</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Homer Elliott</u> Address <u>Carrollton, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>congest heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>hypertensive cardio vascular disease</u> DUE TO (c) <u>443X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>carcinosis of liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		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 <u>3-28-59</u> to <u>1 Apr 59</u> and last saw her/him alive on <u>1 Apr 59</u> Death occurred at <u>11 15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. W. Allen M.D.</u> (Degree or title)		22b. ADDRESS <u>Carrollton Mo</u>	
22c. DATE SIGNED <u>3 Apr 59</u>			
23a. BURIAL, CREMATION, RESURCU (Specify) <u>Burial</u>	23b. DATE <u>4-4-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carrollton, Mo.</u>
24. FUNERAL DIRECTOR <u>STANDLEY & GIBSON</u> ADDRESS <u>Carrollton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-4-59</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Herbert Calver</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Year 76. No symptoms with the year 76. 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 James F. Gibson....., Student Embalmer No. 572..... working under my personal supervision.

Student James F. Gibson.....
Signature of Student Embalmer

Signed Ben W. Gibson.....

Licensed Embalmer No. 2961.....
P. O. Address..... Carrollton, 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.