

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035559**

**FILED VS NOV 13 1959**

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 92

ENDED

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cameron</u>		Length of stay in 1b <u>2 1/2 Weeks</u>		c. CITY OR TOWN <u>Breckenridge</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cameron Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Minnie</u> Middle <u>Ann</u> Last <u>Elliott</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>23</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>10/24/95</u>		9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>		11. BIRTHPLACE (City and state or country) <u>Breckenridge, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Alford Moorshead</u>				13b. MOTHER'S MAIDEN NAME <u>Iua Devaul</u>				14. NAME OF HUSBAND OR WIFE <u>Wilbur Elliott</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>W. C. Elliott Breckenridge, 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>Adenocarcenoma C Carcenomatoses</u> <u>Site of Origen presomea bowel</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 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 <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>Oct. 1, 1959</u> to <u>Oct. 23, 1959</u> and last saw <sup>her</sup> <u>him</u> alive on <u>Oct. 23, 1959</u> Death occurred at <u>Oct. 23, 1959 10:30a</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Francis D Crawford</u> (Degree or title)						22b. ADDRESS <u>Hamilton, Mo.</u>			22c. DATE SIGNED <u>10/24/59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/25/1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rosehill Ceme.</u>			23d. LOCATION (City, town, or county) (State) <u>Breckenridge, Mo.</u>						
24. FUNERAL DIRECTOR ADDRESS <u>Morris A. Bram Hamilton, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>Nov 1 - 1959</u>		26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1962

**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 Marrio A. K.

Licensed Embalmer No. 3918

P. O. Address Famil

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.