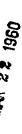
רו		1, VO MAR 141	ていれや		1000	า	299	0-005	
DED		Registration District No	Prin	mary Registration Di	istrict No	Registrar's No.			
		1. PLACE OF DEATH a. COUNTY Buchanan				a. STATE MO	E (Where deceased lived b. COUNTY	d. If institution: Residence before Buchanan admission)	
		OR `	rporate limits, give TOWN: Joseph	· ' 1.	ength of stay in 1b	c. CITY OR TOWN S1	t. Joseph		Inside Limits Yes 🖫 No 🗌
	-	c. FULL NAME OF (If	NOT in hospital, give loca		Inside Limits	d. STREET	(If cutside, g	ive location)	Reside on Farm
	_	HOSPITAL OR INSTITUTION D.(O.A. St. Jose	phs Hosp.	Yes 🖟 No 🗆	ADDRESS	1826 Olive		Yes 🗌 No 🔯
+-1	-	3. NAME OF DECEASED	First	Mic	ddle	Lest	4. DATE Mon	th Day	Year
	Ī	(Type or print)	RUSSELL	KEI	TH E	LLIOTT	of DEATH March	8, 1960	
		5. SEX	6. COLOR OR RACE	7. Married 🗍 Widowed 🗍	Never Married Divorced	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
	10		white (Give kind of work done	106. KIND OF BU	SINESS OR INDUSTR	Y II. BIRTHPLACE (C	ity and state or country)	12. CITIZEN OF	WHAT COUNTRY
	ı	during most of working	ng life, even if retired)			King City		USA	
	1:	Laborer 3a. FATHER'S NAME		13b. MOT	HER'S MAIDEN NAM	Gentry C	14. NAME OF H	USBAND OR WIFE	• • • • • • • • • • • • • • • • • • • •
		Clarence G.		l 1	Bertha Cra	wfo rd			
		5. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOC		17. INFORMANT	A	ddress	
	()	res, no, or unknown) (If	yes, give war or dates of W. W. # 11		14-5166	Clarence G	. Elliott.182	6 Olive S	t Joseph
=	_	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	line for (a), (b), an	nd (c).			IN.	ERVAL BETWEEN
DOCUMEN		P PART II	IMMEDIATE CAUSE (a)	\mathcal{L}	al anox	in + 81	rock	<i>ŏ</i>	once
000			ns, if any,) DUE TO (b	Due 7	o hem	orrhage	<u></u>	a	torce
		above o	ave rise to cause (a), the under- ause last. DUE TO (Staf	wou	ndin	heart	a	torce
	CERTIFICATION	PART II.	. OTHER SIGNIFICANT C disease condition given i	ONDITIONS CONT in PART I (a)	RIBUTING TO DEAT	H but not related to	the terminal PART I		was female was icy in last 90 days
	ΑĞ	Stabl	elduris	aliali	t-Trillo	Lourison		Yes D	
	ER	19. WAS AUTOPSY PERFORMED? YES NO P	20a. ACCIDENT SUICID	E HOWIEDE	206. DESCRIBE HO	VUINJURY OCCURRED.	(Enter nature of injury in	PART I or PART II	of item 18.)
		I	Month, Day, Year		tation	und in	left broat	tute	heart.
	M. MIDICAL	INJURY a.m.	3 8 60 X	. S. Gener	,4+8amo	and a sold	D -0-		20 / 20
	(2)	20d. INJURY OCCURRE	FD 20e, PLACE	OF INJURY (e.g.,	in or about home,	201. OITY, TOWN, OR	LOCATION	COUNTY	STATE
	Y X	WHILE AT WORK	☐ / farm, f	factory, street, offic	e bldg., etc.)				
	uney	21. I extended the de	merce o	ody		and	last saw him alive on	3 — 8 –	. 6 <u>0</u>
	2	Death occurred at	1:30	a	m on th	e date stated above, an	nd to the best of my know	ledge, from the ca	uses stated.
P	S.E.M.	22a O'GNATURE	leiner M.	P A	M Ph	22b. ADDRESS 2/	Ll. X	TICK BIG	22c. DATE SIGNED 3-10-60
1 1=	-	BURIAL, CREMATION, REMOVAL (Specify)		•	F CEMETERY OR CRE		d. LOCATION (City, town	•	(State)
PAVIT	.		1 7/19/1000						
FFIDAVIT	1	burial	3/12/1960		n Star Cem	etery	Union Star.	MISSOUPI GNATURE	
Y AFFIDAVIT	1 20		ADE	Union DRESS Joseph,	25. DAT	etery TE RECD. BY LOCAL REC 24.//,/960	Union Star, G. 26. REGISTRAR'S SIGNAL Mrs. Clark	GNATURE	//



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body	whose n	name is	recorded	on the	reverse	side of	this cert	tificate w	as embalı	med I
or by		•					Student	Embalm	er No	
working under my personal supervision	on.		• •			P		1.	1	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

Signature of Student Embalmer

Student,

If this body is not embalmed, fact should be so stated above.