

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-024284**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3062 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED

**FILED JUN 17 1963**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>14 years</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2815 Troost</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Jean</b> Middle <b>A.</b> Last <b>Elliott</b>		4. DATE OF DEATH Month <b>May</b> Day <b>29</b> Year <b>1963</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-13-1905</b>
9. AGE (last birthday) <b>57</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Jasper Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>		13. FATHER'S NAME <b>Bert C. Elliott</b>	
14. MOTHER'S MAIDEN NAME <b>Huldah B. Romans</b>		15. NAME OF HUSBAND OR WIFE <b>not known</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		17. SOCIAL SECURITY NO. <b>[redacted]</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>carcinomatosis</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
DUE TO (b) <b>carcinoma of the breast</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)		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	
20. TIME OF INJURY Hour <b>3:15P.</b> Month, Day, Year <b>June 1961</b>	21. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		22. DATE SIGNED <b>5-29-63</b>
23. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	24. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	25. DATE RECD. BY LOCAL REG. <b>5-30-63</b>	
26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	28. CITY, TOWN, OR LOCATION <b>Galena, Kans.</b>	
29. I attended the deceased from <b>June 1961</b> to <b>Present</b> and last saw her/him alive on <b>May 29, 1963</b> Death occurred at <b>3:15P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		29. SIGNATURE (Degree or title) <b>Richard L. Browning M.D.</b>	
30. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		31. DATE <b>5-30-63</b>	32. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>
33. FUNERAL DIRECTOR <b>Daniels Bros. Kansas City, Kans.</b>		34. REGISTERAR'S SIGNATURE <b>Ruth Long</b>	

VS 300 Rev. 4/59  
 1  
 23428  
 3  
 4 1  
 5 3  
 6  
 7 0  
 8 1  
 9 170X  
 10  
 11  
 12 66-0  
 13

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 SHOULD READ  
 ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF **Richard L. Browning** MEDICAL CERTIFICATION

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

2  
1  
0  
1  
P.P.