

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1744

State File No. ....

BIRTH NO. .... REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seligman</u>	
c. LENGTH OF STAY (in this place) <u>32 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route No. 2.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u>	b. (Middle) <u>F. S.</u>	c. (Last) <u>Elliott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 31 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-11-93</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Barry County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Albert Elliott</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Haddock</u>	14. NAME OF HUSBAND OR WIFE <u>Zeta Elliott</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. McMichael, Record Clerk, Mo. State San.</u>	ADDRESS <u>Mt. Vernon, Missouri</u>
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18. CAUSE OF DEATH (Specify the cause per 18 for (a), (b) and (c)) <i>All do not mean mode of dying, such as death, failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> <u>37</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>over 1 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prothogenic Carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Insufficiency</u> DUE TO (c) <u>Respiratory</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystitis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None done</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 30 1948, to Jan 31 1949, that I last saw the deceased alive on Jan 31 1949, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. A. Brasher M.D. D.C.P.</u>	23b. ADDRESS <u>Mount Vernon, Missouri</u>	23c. DATE SIGNED <u>Jan 31, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>1-31-49</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Seligman, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-1-49</u>	REGISTRAR'S SIGNATURE <u>Cecil A. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. ...</u>	ADDRESS <u>...</u>
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29X (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

55  
0  
0

MAILED  
2-2-49

Patriot Health Officer No. 0,  
District File No. 249-150  
Date Filed 2-2-49

**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 \_\_\_\_\_  
Student Embalmer

Signed W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 1744  
Local Registrar's No. 160

State of Missouri }  
County of Lawrence } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5<sup>th</sup> day of March, 1949, before me appears.....

....., who, upon..... oath, states that the original record of ~~birth~~ death  
for JOE S. ELLIOTT died January 31, 1949, in the State of  
Missouri, and which was filed at mt. Vernon on Jan 31, 1949, should be corrected as follows:

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No. 3 should read JOE F. ELLIOTT

Instead of JOE S. ELLIOTT

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Alta Partidge Sister  
Relationship.

mt. Vernon Mo  
Present Address.

Subscribed and sworn to before me this 10<sup>th</sup> day of March, 1949.

My Commission expires Mar 16, 1949 Walter M. Michael Notary Public.  
In Lawrence Co. Mo

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

