

THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. 27312

No. 300
10.48

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

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6022 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Richmond</u>		c. CITY OR TOWN <u>Camden</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 months</u>		e. STREET ADDRESS (If rural, give location) <u>3 miles west of Camden at Fleming 0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Ray County Infirmary</u>		e. STREET ADDRESS (If rural, give location) <u>3 miles west of Camden at Fleming 0840</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u> b. (Middle) <u>Wmmtt</u> c. (Last) <u>Elliott</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 24, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>October 22, 1885</u>
9. AGE (In years last birthday) <u>69</u>		# UNDER 1 YEAR (Months) <u>10</u>	# UNDER 12 HRS. (Hours) <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ray County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Andy Elliott</u>	
13b. MOTHER'S MAIDEN NAME <u>Harriett Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Cleavy Ann Elliott</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jewell Elliott, Liberty, Missouri</u>		ADDRESS <u>Liberty, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic accident</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis</u>	
DUE TO (c) <u>previous C.V. A.</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>8-10</u> , 1955, to <u>8-24</u> , 1955, that I last saw the deceased alive on <u>8-24</u> , 1955, and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. K. Canault M.D.</u>		23b. ADDRESS <u>Richmond, Mo</u>	
23c. DATE SIGNED <u>8-26-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 27, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>South Point Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Orrick, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 30-1955</u>		REGISTRAR'S SIGNATURE <u>Malul Jackson</u> 273-	
5. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Missouri</u>		ADDRESS <u>Peabody, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

aug 30

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 *[Handwritten Signature]*.....

Licensed Embalmer No. 4066

P. O. Address *[Handwritten 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.