

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34423**

BIRTH NO. _____ REG. DIST. NO. **296** PRIMARY REG. DIST. NO. **6017** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY OR TOWN Rural-Candem		c. CITY OR TOWN Candem	
c. LENGTH OF STAY (in this place) 86 years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 miles north Flaming		e. STREET ADDRESS (If rural, give location) 1 1/2 mile north Flaming	

3. NAME OF DECEASED (Type or Print) PERREY J. Elliott			4. DATE OF DEATH October 7, 1955		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	
8. DATE OF BIRTH August 3, 1869		9. AGE (In years last birthday) 86		10. IF UNDER 1 YEAR: Months 2 Days 4	
11. BIRTHPLACE Candem, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION FARMER		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (City and State or Foreign Country) Candem, Missouri	

13a. FATHER'S NAME Anderson Elliott		13b. MOTHER'S MAIDEN NAME Ferna Youngblood		14. NAME OF HUSBAND OR WIFE Daisy (Mitchell) Elliott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Perrey Elliott, Candem, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis and Hypertension		Unknown	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 **Oct. 28, 1948**, to **Oct. 7, 1955**, that I last saw the deceased alive on **Oct. 6, 1955**, and that death occurred at **10:34 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. Johnson M.D.		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 10/10/55	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 10/18/55		24c. NAME OF CEMETERY OR CREMATORY South Point	
24d. LOCATION (City, town, or county) (State) Candem, Mo.					

DATE REC'D BY LOCAL REG. 10/18-55		REGISTRAR'S SIGNATURE Helen J. Larkin		25. FUNERAL DIRECTOR'S SIGNATURE West Side Funeral Home	
				ADDRESS Richmond, Missouri	

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

1188

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 *Joseph H. [Signature]*
Licensed Embalmer No. 400

P. O. Address *[Signature]*

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.