

FILED AUG 11 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25700

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>	
1. PLACE OF DEATH a. COUNTY <u>Monteau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monteau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>Wash</u>		c. LENGTH OF STAY (In this place) <u>90 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>0681</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>ROBERT</u>		c. (Last) <u>ELLIOTT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July</u> <u>27</u> <u>1953</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>Jan - 1 - 1861</u>	9. AGE (In years last birthday) <u>92</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Probate Judge</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>California Mo.</u>	
13a. FATHER'S NAME <u>Wm Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Hill</u>	
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>Miss Ruth Elliott</u>	
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) <u>Chronic myocarditis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>  <u>10 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4221</u>			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 <u>May 15</u> , 19 <u>52</u> , to <u>July 27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 27</u> , 19 <u>53</u> , and that death occurred at <u>9-28</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Kernon Latham</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>7-28-53</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-28-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>California</u> <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/7/53</u>		REGISTRAR'S SIGNATURE <u>H. L. Papey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Holliman</u> ADDRESS <u>California Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Hugh E. Sullivan*

Licensed Embalmer No. *3537*

P. O. Address *California Mrs.*

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.