

X
S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9140**

FILED APR 11 1952

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **5780** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles	
c. LENGTH OF STAY (in this place) 2 hours		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 52 4 miles W. of Eldon, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Gunn c. (Last) Elliott			4. DATE OF DEATH (Month) (Day) (Year) April 3 1952		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH September 21, 1933	9. AGE (In years last birthday) 18	10. UNDER 1 YEAR Months 6 Days 11	11. UNDER 1 WEEK Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watch maker	10b. KIND OF BUSINESS OR INDUSTRY Jewelry watchmaking	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harry F. Elliott	13b. MOTHER'S MAIDEN NAME Flossie Gunn	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-34-1085	17. INFORMANT'S SIGNATURE OR NAME Flossie Elliott Versailles, Mo.	ADDRESS Verailles, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) dislocated Neck		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) immediate injuries DUE TO (c) _____		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 52 4 miles W. Eldon	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Saline Miller Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 8 1952 5:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? car accident
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22. I hereby certify that I attended the deceased **from April 3 1952**, to **April 3 1952**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Hedges (Degree or title) Coroner	23b. ADDRESS Verailles, Missouri	23c. DATE SIGNED 4/4/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 6, 1952	24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery	24d. LOCATION (City, town, or county) (State) Versailles Missouri
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DATE REC'D BY LOCAL REG. Apr. 5, 1952	REGISTRAR'S SIGNATURE Alveretta Walt	25. FUNERAL DIRECTOR'S SIGNATURE James B. Scriner	ADDRESS Versailles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

#111
2660
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ADVISORY BOARD
APR 20 1952
MISSOURI DEPARTMENT
OF HEALTH

APR 22 1952

APR 21 1952

APR 21 1952

APR 21 1952

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 James R. Scrimner

Licensed Embalmer No. 4880

P. O. Address Versailles, Missouri

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.