

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1955

State File No.

BIRTH NO. REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural (Liberty Twp)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>330 West St. Francis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #25</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Edwin</u>	c. (Last) <u>Elledge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1955</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>never married</u>	8. DATE OF BIRTH <u>Jan. 17, 1933</u>	9. AGE (In years) (last birthday) <u>22</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>12</u>	11. UNDER 14 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <u>Dispatcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Malden Air Base</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lutesville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>W. R. Elledge</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Eaker</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>330-28-1767</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. R. Elledge,</u>	ADDRESS <u>Dexter, Mo.</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck, possible skull fracture and internal chest injuries</u>		<u>sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, highway, etc.) <u>Highway #25</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Twp. Stoddard, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 29, 1955 P. 6:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Collision</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Way W. Rainey</u> <u>Coroner</u>	23b. ADDRESS <u>Dexter, Missouri</u>	23c. DATE SIGNED <u>8-30-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baker</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9-5-55</u>	REGISTRAR'S SIGNATURE <u>W. J. Fenner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u>	ADDRESS <u>Dexter, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1955 12 21

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 _____

Lucille Rainey
Licensed Embalmer No. 4983

P. O. Address _____

Weston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.