

Health, & Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017536

STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. 56 Primary Registration District No. 5193 Registrar's No. 13

S. 300  
v. 1-57  
10  
3

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>G. Egypt Twp.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Norborne,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 1/2 mi S.W. Norborne</b> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>399. East 1st St.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Roscoe Leonard Elder</b>			4. DATE OF DEATH Month Day Year <b>May 11, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 2, 1919</b>
9. AGE (In years last birthday) <b>38</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Operator</b>	11. BIRTHPLACE (City and state or country) <b>Staley Milling Co. Carrollton, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mill Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Staley Milling Co. Carrollton, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William Elder</b>		13b. MOTHER'S MAIDEN NAME <b>Myrtle Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth (Good) Elder</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W.W.2</b>		16. SOCIAL SECURITY NO. <b>493-12-5363</b>	17. INFORMANT Address <b>Mrs. Roscoe Elder Norborne, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Severe Head injuries</b>			INTERVAL BETWEEN ONSET AND DEATH <b>INSTANTLY</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Automobile missed curve on Mo. Highway 10.</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>3:15 p.m. 5-11-58</b>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>2 MILES SOUTHWEST OF NORBORNE MO - HIGHWAY 10</b>	
		20f. CITY, TOWN, OR LOCATION <b>017</b> COUNTY <b>017</b> STATE <b>MO</b>	
21. I attended the deceased from _____, to _____ and last saw <sup>her</sup> / <sub>him</sub> alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James O Cochran Carmen 3</b>		22b. ADDRESS <b>103 E 4th Carrollton Mo</b>	
		22c. DATE SIGNED <b>5-11-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 14, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Fairhaven Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Norborne, Mo.</b>	
24. FUNERAL DIRECTOR <b>Deitch Funeral Home Norborne, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 13, 1958</b>	
		26. REGISTRAR'S SIGNATURE <b>Eileen Pennington</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 7 1958

MAY 29 1958

YS AUG 10 1960

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*  
P. O. Address *Carrollton*

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.