

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033355

STATE FILE NUMBER

FILED OCT 3 1958 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 74

S. 300
v. 1-57
0

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Hospital		Length of stay in lb 2 days	d. STREET ADDRESS Maple Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EARL Middle J. Last ELLIOTT			4. DATE OF DEATH Month August Day 25 Year 1958		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 7, 1941	9. AGE (In years last birthday) 17 IF UNDER 1 YEAR Month 0 Day 18 Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not employed		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Richmond, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Earl Elliott		13b. MOTHER'S MAIDEN NAME Eva Rogers		14. NAME OF HUSBAND OR WIFE Never married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Earl Elliott, Richmond, Missouri Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subdural Hematoma</i> DUE TO (b) <i>Auto accident</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture both femurs + bones of Pelvis.</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
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.) <i>Auto accident</i>			
20c. TIME OF INJURY Hour 11:45 p.m. Month 8 Day 22 Year 58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Lexington</i>		COUNTY <i>Lafayette</i>	STATE <i>Mo</i>
21. I attended the deceased from <i>8-22-58</i> , to <i>8-25-58</i> and last saw him alive on <i>8-25-58</i> Death occurred at <i>7:45 am</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>W Ward md.</i>			22b. ADDRESS <i>Lexington Mo</i>		22c. DATE SIGNED <i>8-25-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>8/27/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sunny Slope Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Richmond, Missouri</i>
24. FUNERAL DIRECTOR <i>Thomas J. Carter, Richmond, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>9-24-58</i>	26. REGISTRAR'S SIGNATURE <i>Wm. S. Galbraith</i>	

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.

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 *Thomas J. Carter*

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

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.