

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000902

STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 120 Primary Registration District No. \_\_\_\_\_ Registrar's No. 9

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jackson Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>King City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rural</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>(No street add.)</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Violet</u> Last <u>Elliott</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>31.</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 13, 1913</u>		9. AGE (In years last birthday) <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cafe</u>	11. BIRTHPLACE (City and state or country) <u>Gentry Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Edward Howrey</u>		13b. MOTHER'S MAIDEN NAME <u>Eva (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Dale Elliott</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>436-40-6035</u>	17. INFORMANT Address <u>Dale Elliott, St. Joseph, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: <u>Carbon monoxide poisoning from exhaust fumes of automobile</u> IMMEDIATE CAUSE (a) <u>fumes of automobile</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
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.) <u>exhaust fumes from parked car motor running overcame Mrs. Elliott</u>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Abandoned school yard</u>		
20e. CITY, TOWN, OR LOCATION <u>King City, Gentry, Mo.</u>			20f. COUNTY <u>Gentry</u>		
20g. STATE <u>Mo.</u>			20h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <u>3 a.m.</u> <u>relaxed body after death</u> on the date stated above; and to the best of my knowledge, from the causes stated.			21. I attended the deceased from _____ and last saw her alive on _____		
22a. SIGNATURE <u>Jack A. Barnes, Co. Cronin</u>			22b. ADDRESS <u>King City, Mo.</u>		22c. DATE SIGNED <u>2/3/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/3/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>King City Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>King City, Mo.</u>
24. FUNERAL DIRECTOR <u>Taggart-Woodrel</u>		ADDRESS <u>King City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-3-'59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>

Dr. Zack A. Barnes

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part I must be causally related. All diseases in Part I must be causally related.

JUL 28 1959

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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 *Harold E. Woodrel*

Licensed Embalmer No. *4609*  
P. O. Address *King City, N.C.*

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.