

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024476

FILED VS JUL 12 1960

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6161

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 1/2 mo.	c. CITY OR TOWN East Alton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cochrane, Veterans Adm. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 212 Kingshighway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Amos Fisher Elliott			4. DATE OF DEATH Month Day Year June 15, 60		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-22-33	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Army		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army		11. BIRTHPLACE (City and state or country) Bowling Green, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Ebert Elliott		13b. MOTHER'S MAIDEN NAME Marietta Ingle	

14. NAME OF HUSBAND OR WIFE Georgene		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 17-13-56 10-17-59		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Address Georgene Hensler Elliott	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		904.9 48

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered an aneurysm		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20. ACCIDENT SUICIDE HOMICIDE Accident	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Shot in vicinity of Alton Ill.	
20c. TIME OF INJURY Hour Month, Day, Year ? 4 1 60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> cause and manner of cause could not be determined		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ?		20f. CITY, TOWN, OR LOCATION COUNTY STATE Alton Ill	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at **2:50 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Edward Smith		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 6-16-60
23a. BURIAL, CREMATION, etc. XXXXXX	23b. DATE 6-18-60	23c. NAME OF CEMETERY OR CREMATORY Vahalla Memorial Park	23d. LOCATION (City, town, or county) (State) Godfrey Township, Madison	
24. FUNERAL DIRECTOR ADDRESS Smith 2521 Edwards, Alton		25. DATE RECD. BY LOCAL REG. JUN 16 1960	26. REGISTRAR'S SIGNATURE Loan Smith M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Warren J. C. [Signature]

Licensed Embalmer No. 6119
P. O. Address Gas. [Signature]
Wood River 2

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.