

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006070

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 274 Primary Registration District No. 205E Registrar's No. 60

FILED VS FEB 27 1961

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF
ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>Pettis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Transit,</u>		c. CITY OR TOWN <u>Warrensburg,</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>Highway U.S.#50</u>		d. STREET ADDRESS (if outside, give location) <u>305 East Gay St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARGARET ELWELL</u>			4. DATE OF DEATH Month Day Year <u>February 17-1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-7-1941</u>
9. AGE (last birthday) <u>20</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>College,</u>	11. BIRTHPLACE (City and state or country) <u>Warrensburg, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Cecil S. Elwell,</u>	
13b. MOTHER'S MAIDEN NAME <u>Lillian Zink,</u>		14. NAME OF HUSBAND OR WIFE <u>single</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT Address <u>Mr. C.S. Elwell, Warrensburg, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured neck and basilar fracture of skull</u> DUE TO (b) <u>fracture of skull</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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>Automobile accident - hit bridge</u>	
20c. TIME OF DEATH Hour <u>11:00</u> p.m. Month, Day, Year <u>2-17-61</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>Public highway</u>		
20e. CITY, TOWN, OR LOCATION <u>Pettis Mo.</u>		20f. COUNTY STATE <u>Pettis Mo.</u>	
21. I attended the deceased from <u>11:20 P.M.</u> to <u>corner</u> and last saw her/him 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) <u>Oliver Paulon</u>		22b. ADDRESS <u>Cornery, Pettis Co -</u>	
22c. DATE SIGNED <u>2-23-61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-21-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery, Warrensburg, Missouri.</u>	
23d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri.</u>			
24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-22-1961</u>	26. REGISTRAR'S SIGNATURE <u>Trances Shelby</u>

FEB 28 1961

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

F. E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Sedalia 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.