

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000709

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 445 Primary Registration District No. 4113 Registrar's No. 4

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300  
Rev. 4/59  
  
0210  
20210  
3  
4 2  
5 0  
6  
7 0  
8 2  
99160  
10 16  
11 021  
1290-3  
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRUNSWICK</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CHARITON</u> c. CITY OR TOWN <u>BRUNSWICK</u> d. STREET ADDRESS (If outside, give location) <u>402 CLIFF DRIVE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELAX, NEWTON TOLSON</u>		4. DATE OF DEATH Month Day Year <u>JAN 22 63</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</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>1-11-12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>BRUNSWICK, MO</u>
13a. FATHER'S NAME <u>THOMAS TOLSON</u>		13b. MOTHER'S MAIDEN NAME <u>BEATRICE HARRIS</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>MRS. BEATRICE TOLSON, BRUNSWICK, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>fall in dwelling house</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>seconds</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 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>from dwelling fire burned</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>3:00A 1-22-1963</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>BRUNSWICK</u>	COUNTY STATE <u>Chariton MO</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:00A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H.D. Bennett</u>		22b. ADDRESS <u>Chariton of Chariton County Ky to all mo</u>	22c. DATE SIGNED <u>1/23/1963</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Jan. 25, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>BRUNSWICK, MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Georgette L. ... Fulton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 25-1963</u>	26. REGISTRAR'S SIGNATURE <u>Dorrie Smith</u>	

FEB 15 1963

RECEIVED

FEB 28 1963

FEB 5 1963

MAR 11 1963

was not embalmed, Buried to BAP

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 CHARLES RICHARD WILLIAMS, Student Embalmer No. 693

working under my personal supervision.

Student Charles R. Williams  
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P.O. Address Dutton, Me.

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.