

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42881

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Cabool</u>	
b. CITY OR TOWN <u>Cabool</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cabool</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LORRAINE</u> b. (Middle) <u>Puckett</u> c. (Last) <u>Ellis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 31 1948</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 16 - 1922</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 12 HRS. Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u>	IF UNDER 1 MIN. Min. <u>9</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>worked in cafe</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cabool Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John L. Puckett</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzy Woods</u>	14. NAME OF HUSBAND OR WIFE <u>Bertin C. Ellis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>562-22-4684</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John L. Puckett</u>	ADDRESS <u>Willow Springs</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>170C-8</u>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture cervical spine</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6916<sup>o</sup></u> <u>6 26</u>		

19a. DATE OF OPERATION <u>2/8</u>	19b. MAJOR FINDINGS OF OPERATION <u>Head of skull fractured &amp; brain matter</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway near Cabool</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cabool Texas Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 31 1948 12:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident.</u> <u>107</u>
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22. I hereby certify that I attended the deceased from on Dec 31, 1948, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Garrett E. Cunningham</u>	23b. ADDRESS <u>Cabool Mo</u>	23c. DATE SIGNED <u>Jan 1/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-3-49</u>	REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Gaylord V. Elliott Cabool Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-8-49  
DISTRICT HEALTH DEPT. NO. 5  
DISTRICT FILE NUMBER 14926  
Date Filed 1-2-49

MAR 23 1954

MAR 5 1954

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 .....  
Student Embalmer

Signed Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Calver

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 this body is not embalmed, fact should be so stated above.