Health, Welfare Public Service

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FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005214
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Trenton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cullers Hosp — Length of stay in 1b few hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY JACKSON
c. CITY OR TOWN KANSAS City MO 3080 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 418 So. Hardesty — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Elmer Middle Wesley Last Clutter

4. DATE OF DEATH Month Feb Day 15 Year 1958

5. SEX Male
6. COLOR OR RACE white
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 28 1921
9. AGE (In years last birthday) 36 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINE MAN
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (City and state or country) Osceola MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jess Clutter
13b. MOTHER'S MAIDEN NAME Letha Frances Collins
14. NAME OF HUSBAND OR WIFE Ruth Clutter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WII
16. SOCIAL SECURITY NO. 493-18-9720
17. INFORMANT Ruth Clutter Address KC, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal Hemorrhage and Shock — INTERVAL BETWEEN ONSET AND DEATH about 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Traumatic injury anterior surface of chest
DUE TO (c) Automobile collision
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased was driving and collided with rear end of standing truck.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 2-15-1958
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Route 6 West part Grundy Co. Mo
20f. CITY, TOWN, OR LOCATION West of Trenton COUNTY Grundy STATE Mo

21. I attended the deceased from Feb. 15-1958, to Feb. 15-1958 and last saw ~~her~~ him alive on Feb. 15-1958
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O H Cullers M.D.
22b. ADDRESS Trenton, Mo.
22c. DATE SIGNED 2-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/20/58
23c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery
23d. LOCATION (City, town, or county) Coffey (State) MO.

24. FUNERAL DIRECTOR J. Gordon Blackmore ADDRESS Trenton, Mo
25. DATE RECD. BY LOCAL REG. 2-20-58
26. REGISTRAR'S SIGNATURE Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

Dr. Cullers

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 18 1959

MAR 12 1958

MAR 7 1958

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.

VS MAY 6 1960

Student .....
Signature of Student Embalmer

Signed Harold H Roberts

Licensed Embalmer No. 4920

P. O. Address Trenton, 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.