

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022656
State File No.

FILED JUL 9 1958

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5812 Registrar's No. 5

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| 1. PLACE OF DEATH a. COUNTY <u>Montgomery C</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prairie Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cross Road School</u> | | d. STREET ADDRESS (If rural, give location) <u>RR #1</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>LITRELL</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1958</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>4/1/1929</u> |
| 9. AGE (In years last birthday) <u>29</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Line man</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Power & Light</u> | 11. BIRTHPLACE (State or foreign country) <u>Moberly, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Silas Everett Littrell</u> | 13b. MOTHER'S MAIDEN NAME <u>Fanita Ragsdale</u> | 14. NAME OF HUSBAND OR WIFE <u>Beverly Littrell</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u> | 16. SOCIAL SECURITY NO. <u>494-22-4308</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Beverly Littrell</u> | ADDRESS <u>Moberly, Missouri.</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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACCIDENTIAL</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES DUE TO (b) <u>electrocuted</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>91488</u> | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near Hwy 29</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>070</u> (COUNTY) <u>Prairie Montgomery Mo.</u> (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 1, 1958</u> m. | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>by raising steel boom, & hitting power line with 6900 volts</u> |
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22. I hereby certify that I attended the deceased from _____, 19____, 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.

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|---|-------------------------------|--|-----------------------------------|
| 23a. SIGNATURE <u>F J Ball Coroner</u> | (Degree or title) <u>3</u> | 23b. ADDRESS <u>Jonesburg, Missouri</u> | 23c. DATE SIGNED <u>7/1/58</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July, 3, 1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u> | 24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri.</u> |
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| DATE REC'D BY LOCAL REG. <u>July 7/58</u> | REGISTRAR'S SIGNATURE <u>Mr. Joe Chapman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Carter</u> | ADDRESS <u>Moberly Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

210

JUL 10 1958

JUL 24 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.

Student
Student Embalmer

Signed _____

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Woburn MA

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.