

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037364

STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 204

S. 300
v. 1-57

3

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla Township			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rt. 1, Rolla		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy 66 - 5 mi. W. of Rolla - Trans.			Length of stay in lb.		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES WILLIAM ELLIOTT JR.				4. DATE OF DEATH Month Day Year Oct. 25, 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5/5/1924	
9. AGE (In years, last birthday) 34		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) Shoe Worker			10b. KIND OF BUSINESS OR INDUSTRY Shoe Manufacture		11. BIRTHPLACE (City and state or country) Phelps Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James W. Elliott			13b. MOTHER'S MAIDEN NAME Alice Josephine Charles			14. NAME OF HUSBAND OR WIFE Elva Elliott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII			16. SOCIAL SECURITY NO. 489 20 0352		17. INFORMANT Elva Elliott Rt. 1, Rolla, Mo.		
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>Compound fr. of skull, left frontal</u> <u>Multiple fr. of mandible</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) <u>Automobile accident</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
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>Auto accident</u>				
20c. TIME OF INJURY Hour Month, Day, Year 8:30 p.m. 10-25-58							
20d. INJURY OCCURRED WHILE AT <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.S. 66		20f. CITY, TOWN, OR LOCATION 5 mi. W. Rolla, Phelps Mo			STATE
21. I attended the deceased from _____ to _____ and last saw him _____ on _____ Death occurred at <u>8:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>S. S. V. [Signature]</u>				22b. ADDRESS <u>Rolla, Mo</u>		22c. DATE SIGNED <u>10/28/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/28/1958	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Gardens		23d. LOCATION (City, town, or county) Rolla, Mo.		(State)
24. FUNERAL DIRECTOR <u>Carl J. [Signature]</u> 1100 Elm, Rolla, Mo.				25. DATE RECD. BY LOCAL REG. <u>Oct. 28, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Nadine S. Stoll</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

NOV 5 1958

NOV 21 1958

County File Number 1187
Date Filed 11/21/58

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4907

P. O. Address Ralla, 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.