

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009865

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 134

FILED MAR 19 1959

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN 04950</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1815 SERGEANT AVE</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>1815 SERGEANT AVE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LOREAN</b> Middle <b>ELLIOTT</b> Last <b>ELLIOTT</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>3</b> Year <b>1959</b>
5. SEX <b>F I</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 23, 1900</b>
9. AGE (In years last birthday) <b>58</b>		FUNDER 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) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and state or country) <b>TENNESSEE</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME _____ 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE <b>CHARLES B. ELLIOTT</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <b>CHAS. B. ELLIOTT, 1815 SERGEANT AVE.</b>
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>Gunshot wound head, fatal</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 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>Instantaneous</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>Placed muzzle of 37 Cal. pistol to head - lead plug penetrated both sides of skull and plug found near body through of the right ear.</u>		20c. TIME OF INJURY Hour <u>2:00</u> Month <u>3</u> Day <u>3</u> Year <u>59</u> p.m.	
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>Living at home</u>	20f. CITY, TOWN, OR LOCATION <u>Joplin</u> COUNTY <u>Jasper</u> STATE <u>Mo.</u>
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wendell M. Combs, Jr. 3</u> (Degree or title)			22b. ADDRESS <u>Med Arts Bldg. Joplin</u>
22c. DATE SIGNED <u>3-5-59</u>			22d. DATE SIGNED <u>9-5-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3-5-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CARL JUNCTION CEM.,</b>
23d. LOCATION (City, town, or county) <b>CARL JUNCTION, MISSOURI</b>		23e. STATE <b>MISSOURI</b>	
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>3-10-59</b>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service  
300  
-57  
Social, Cancer, etc. must use only standard nomenclature in referring to all diseases in Part I must be causally related.

MAR 20 1959

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 .....  
Signature of Student Embalmer

Signed *F. M. Jensen* .....

Licensed Embalmer No. *2319* .....

P. O. Address *Joplin, 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.