URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 1959

59-041453
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 441

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Bonne Terre
Length of stay in 1b: **
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 514 Pine St.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: St Francois
c. CITY OR TOWN: Bonne Terre
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 514 Pine St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Samuel Middle: E. Last: Mc Clelland

4. DATE OF DEATH: Month Nov. Day 20 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ (Separated)
8. DATE OF BIRTH: 3-6-1885
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Terrace Park, Ohio
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Ethel Elliot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 277-05-0734
17. INFORMANT: **** Address: Earl Lawson, Bonne Terre, 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): Strangulation.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coroner Jury Verdict: By hanging
DUE TO (c): by his own hands.
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 found hanging from flow pipe in basement of home
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 11/20/59
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.): Residence
20f. CITY, TOWN, OR LOCATION: Bonne Terre COUNTY: St. Francois STATE: Mo.

21. I attended the deceased from _____, to _____ 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: Berl J. Miller (Degree or title): Coroner
22b. ADDRESS: Farmington Mo.
22c. DATE SIGNED: 11/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Nov 24 1959
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
23d. LOCATION (City, town, or county) (State): St Louis, Mo.

24. FUNERAL DIRECTOR: C Z Boyer & Son Inc. ADDRESS: Bonne Terre
25. DATE RECD. BY LOCAL REG.: Nov. 23, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

VS DEC 7 1959

JAN 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed B. T. Boyer

Signature of Student Embalmer

B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.