

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-023769**

**FILED VS JUN 21 1960**

167

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

113

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Livingston</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Sampsel Twp</u>		Length of stay in 1b <u>15 min.</u>		c. CITY OR TOWN <u>Chillicothe</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 1/2 miles NW Chillicothe</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>600 Cowgill Street</u>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>ENOS</u> Middle <u>DANIEL</u> Last <u>ALLEN</u>		4. DATE OF DEATH Month <u>June</u> Day <u>13</u> Year <u>1960</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-30-24</u>	9. AGE (last birthday) <u>35</u>	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) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chillicothe, Missouri</u>		11. BIRTHPLACE (City and state or country) <u>Chillicothe, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>John Allen</u>			13b. MOTHER'S MAIDEN NAME <u>Sylvia Singleton</u>		14. NAME OF HUSBAND OR WIFE <u>Velma Allen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW 2</u>		16. SOCIAL SECURITY NO. <u>549-36-3142</u>		17. INFORMANT <u>438 Washington Mrs. Geo. McCoy; Chillicothe, MO</u>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull</u> DUE TO (b) <u>Lacerations</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Lacerations severe of face &amp; neck</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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>Deceased caught between a tow truck &amp; car in ditch when oncoming car went between them</u>						
20c. TIME OF INJURY Hour <u>8:00</u> p.m. Month, Day, Year <u>June 13-60</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On County road</u>						20f. CITY, TOWN, OR LOCATION <u>Chillicothe Livingston Mo</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from <u>8:00 P.M.</u> to <u>none</u> and last saw him <u>live</u> on <u>June 13</u> Death occurred at <u>8:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the cause stated.						
22a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D. (Crown)</u>				22b. ADDRESS <u>Chillicothe Mo</u>		22c. DATE SIGNED <u>June 14-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-16-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		23d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>		
24. FUNERAL DIRECTOR <u>Norman Funeral Home; Chillicothe, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>6/14/60</u>		26. REGISTRAR'S SIGNATURE <u>Francis O'Neill</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.