URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 22 1960

-60-024008
STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Little Prairie — Length of stay in 1b: 1hr
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) hy 61 1m s. of y — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 512 East 12th — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Elonora Middle: Last: McGee

4. DATE OF DEATH Month, Day, Year: June-8-1960

5. SEX: F
6. COLOR OR RACE: negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept 11, 1928
9. AGE (last birthday): 31
IF UNDER 1 YEAR: Months: 8 Days: 27
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Pemiscot County Mo U.S.A.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Fractured Skull

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Run over by Automobile

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Broken Legs + Internal Injuries

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.) Run Over by Automobile

20c. TIME OF INJURY Hour 10:00 a.m. Month, Day, Year 6-8-60

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.) State Highway 61

20f. CITY, TOWN, OR LOCATION Near Caruthersville COUNTY Pemiscot STATE Mo.

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____

Death occurred at 10:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE James G. Osburn (Degree or title) Coroner

22b. ADDRESS Wardell, Mo.

22c. DATE SIGNED 6-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June-10-1960

23c. NAME OF CEMETERY OR CREMATORY St. Paul

23d. LOCATION (City, town, or county) (State) Caruthersville, Mo

24. FUNERAL DIRECTOR ADDRESS Noel C. Dan C'Ville Mo

25. DATE RECD. BY LOCAL REG. 6-12-60

26. REGISTRAR'S SIGNATURE Jack W Tipton

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 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 Noel C Dean

Signature of Student Embalmer

Licensed Embalmer No. 3941

P. O. Address Carrollton

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