

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025268

FILED VS. JUL 7 1960 317

Registration District No. Primary Registration District No. 546 Registrar's No. 1797 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN BRECKENRIDGE HILLS OVERLAND		c. CITY OR TOWN BRECKENRIDGE HILLS OVERLAND	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3329 WOODSON RD.		d. STREET ADDRESS (If outside, give location) 3329 WOODSON RD.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First BOWER Middle PRICE Last ELMORE			4. DATE OF DEATH JUNE 7, 1960 Month Day Year			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/29/05	9. AGE (last birthday) 55	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED		11. BIRTHPLACE (City and state or country) Troy, Mo.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME JEFFERSON ELMORE			13b. MOTHER'S MAIDEN NAME MARY MOXLEY			14. NAME OF HUSBAND OR WIFE MARTHA (nee Fielder) ELMORE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-12-4090		17. INFORMANT MARTHA ELMORE		Address 3329 Woodson Rd. OVERLAND, 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) Penetrating gunshot wound of chest		INTERVAL BETWEEN ONSET AND DEATH
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)		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 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.) Self inflicted gunshot wound of chest
20c. TIME OF INJURY 12:30 Hour 2:30 p.m. Month, Day, Year 6/7/60		

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.) basement of home	20f. CITY, TOWN, OR LOCATION Breckenridge Hills, St. Louis, Mo.	COUNTY STATE
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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 <i>Raymond H. Hain</i> (Degree or title) Coroner Clayton, Mo.	22b. ADDRESS	22c. DATE SIGNED 6/15/60
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL	23b. DATE JUNE 10, 1960	23c. NAME OF CEMETERY OR CREMATORY TROY CITY CEM.	23d. LOCATION (City, town, or county) (State) TROY, Mo.
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24. FUNERAL DIRECTOR O. C. Ricks	ADDRESS ELSBERRY, Mo.	25. DATE RECD. BY LOCAL REG. 6-8-60	26. REGISTRAR'S SIGNATURE <i>John B. Mumfry M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 David C. Gibbs

Licensed Embalmer No. 3454

P. O. Address Oberlin

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