RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 21 1960

-60-025593

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6224 Registrar's No. 95

DED

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Center Township — Length of stay in 1b: 70 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Little Drywood River — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First MILLARD Middle FILLMORE Last PLACE
4. DATE OF DEATH: Month April Day 22nd Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-2-1889
9. AGE (last birthday): 70 — 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): Sheetmetal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Sheet -metal
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Isaac W. Place
13b. MOTHER'S MAIDEN NAME: Lydia M. Nance
14. NAME OF HUSBAND OR WIFE: Effie Belcher Place
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 491-05-8061
17. INFORMANT: Address: Mrs.Effie Place- Moundville,Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Skull Fracture
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Car left the Bridge, into the River.
DUE TO (c):
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.): Auto Accident.
20c. TIME OF INJURY: Hour 5:45 P.M. (a.m. / p.m.) Month, Day, Year Apr.22,1960
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.): Hwy.#54
20f. CITY, TOWN, OR LOCATION: Just West of Nevada, COUNTY: Vernon, STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at Appx. 5.45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard L. Shorten (Degree or title): County Coroner
22b. ADDRESS: Nevada, Missouri
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-26-60
23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county) (State): Nevada, Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home- ADDRESS: Nevada,Missouri.
25. DATE RECD. BY LOCAL REG.: 5-7- 1960
26. REGISTRAR'S SIGNATURE: Osmal E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS JUN 21 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 L. Dwight Ferr

Signature of Student Embalmer

Licensed Embalmer No. 496

P. O. Address Nevada

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