

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030967

FILED VS. AUG 23 1960

157

Primary Registration District No. 3028

Registrar's No. 173

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in lb 20 yrs		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 693 N. Main St		
3. NAME OF DECEASED (Type or print) First BILLY Middle GENE Last ELLIOTT				4. DATE OF DEATH Month August Day 5 Year 1960				
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 4-16-33		
				9. AGE (last birthday) 27		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY street dept		11. BIRTHPLACE (City and state or country) Miller, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert Elliott				13b. MOTHER'S MAIDEN NAME Dora Purtle		14. NAME OF HUSBAND OR WIFE Priscilla Webb Elliott		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 1953-1955				16. SOCIAL SECURITY NO. 497-34-6406		17. INFORMANT Address Mrs. Priscilla Elliott, Golden City, 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) Perforation of the Superior Vena Cava trunk, Pericardium + cardiac tamponade DUE TO (b) Perforation of the Superior Vena Cava trunk, Pericardium + cardiac tamponade DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) due to stab wounds by party or parties				
20c. TIME OF INJURY 10:30 p.m.		Month, Day, Year 8-5-60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> street				
		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		20f. CITY, TOWN, OR LOCATION Carthage Jasper Mo		COUNTY STATE		
21. I attended the deceased from did not attend and last saw him alive on 8-15-60 Death occurred at 10:45 p on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Wendell M. Jasper Co. Coroner				22b. ADDRESS Joplin, Mo		22c. DATE SIGNED 8-15-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-9-1960		23c. NAME OF CEMETERY OR CREMATORY Union Cemetery		23d. LOCATION (City, town, or county) (State) Lawrence Co., Mo		
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo				25. DATE RECD. BY LOCAL REG. 8-17-60		26. REGISTRAR'S SIGNATURE Elliott		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS AUG 24 1960

FEB 17 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____ Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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