

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

**-60-037208**

Filed *V.S. Sept. 27-60354*

Registration District No. *6199*

Registrar's No. *68*

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton twp.</u>			Length of stay in lb <u>minutes</u>		c. CITY OR TOWN <u>Vanzant</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Doil Ray Elliott</u>				4. DATE OF DEATH Month Day Year <u>9-13-1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-23-40</u>	9. AGE (last birthday) <u>20</u>	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) <u>Shoe Factory Employee</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Cabool Shoec Co.</u>		11. BIRTHPLACE (City and state or country) <u>Douglas, County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Noel Elliott</u>			13b. MOTHER'S MAIDEN NAME <u>Gertrude Saltonberg</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Noel Elliott, Vanzant, Mo.</u> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>fractured of skull, neck &amp; chest</u>							INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>also, mutiplo fractures of leas &amp; arms and</u> DUE TO (c) <u>lncorations</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Car Accident</u>						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 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>Car struck 2 trucks then crased over omb-ankment.</u>			
20c. TIME OF INJURY Hour a.m. p.m. <u>11:55</u>		Month, Day, Year <u>9-13-60</u>					
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.) <u>Hiway 60, 4 mi. N Cabool-</u>		20f. CITY, TOWN, OR LOCATION <u>Clinton, twp., Texas, Mo.</u>		COUNTY STATE	
21. I <u>VIEWED</u> the deceased from <u>ON 9-14-60</u> to <u>                    </u> and last saw her alive on <u>                    </u> Death occurred at <u>approx. 11:55</u> pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or City) <u>James Gentry, Coroner</u>				22b. ADDRESS <u>Cabool, Mo.</u>		22c. DATE SIGNED <u>9-15-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-16-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Panner Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Douglas County, Mo.</u>	
24. FUNERAL DIRECTOR <u>Elliott-Gentry, Cabool, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>9-19-60</u>		26. REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 4 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

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

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.