

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

46960-041297
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 46960-041297

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	c. CITY OR TOWN <u>Chicago Ill.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Way 72 w Jackson Mo</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles William Elspass</u>			4. DATE OF DEATH Month Day Year <u>Nov. 17 1960</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> <u>Unknown</u> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (last birthday) <u>Unknown</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME		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)		16. SOCIAL SECURITY NO. <u>360-07-1976</u>		17. INFORMANT Address <u>Coroner Cape Girardeau Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
IMMEDIATE CAUSE (a) <u>Broken neck</u>			
DUE TO (b) <u>Fractured pelvic region, broken right leg</u>			
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 checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Accident</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Truck hit him from behind on H: Way 72 close to Starlite</u>
20c. TIME OF INJURY Hour Month, Day, Year <u>6:30 p.m. 11-17-1960</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>H: Way #72</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>N.W. of Jackson Cape Gir., Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>W. J. Ford</u>	(Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Cape Girardeau, Mo.</u>	22c. DATE SIGNED <u>11-18-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 18-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Jackson, Mo</u>
FUNERAL DIRECTOR <u>Denike-Laind</u>	ADDRESS <u>Jackson, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11-29-60</u>	26. REGISTRAR'S SIGNATURE <u>Jesse Katers</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 7 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
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson

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.