

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

VS NOV 30 1960

-60-041440

STATE FILE NUMBER

Registration District No. 80 Primary Registration District No. 5306 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Centertown, Mo Marion</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Centertown, Mo</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 <u>Home - Rt # 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Everett</u> Middle Last <u>Elliott</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>25</u> Year <u>1960</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/18/92</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Francis H. Elliott</u>	13b. MOTHER'S MAIDEN NAME <u>Dora Taggart</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Elliott</u>
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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. <u>490-09-9457</u>	17. INFORMANT <u>Maggie Elliott</u> Address <u>Centertown Mo.</u>
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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>Gunshot Wound - Self Inflicted.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT.</u>
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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.
 Yes No 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.) <u>Mouth placed 22 CALIBRE RIFLE IN MOUTH +</u>
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20c. TIME OF INJURY Hour <u>11:30</u> a.m. - p.m. Month, Day, Year <u>11/25/60</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>BARN - NEAR HOME</u>	20f. CITY, TOWN, OR LOCATION <u>MARION</u>	COUNTY <u>Cole - Mo.</u>	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>around 11/30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Clarence Kalk, Coroner Cole County</u> (Degree or title)	22b. ADDRESS <u>Jefferson City, Mo. 1436 Green Berry Road</u>	22c. DATE SIGNED <u>11/25/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/27/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	23d. LOCATION (City, town, or county) <u>Sumner, Marion Co.</u>	23e. STATE <u>Mo.</u>
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24. FUNERAL DIRECTOR <u>Bowlin Funeral Home - California, Mo</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Nov. 27</u>	26. REGISTRAR'S SIGNATURE <u>Minnie Pittman</u>
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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 Jack H. Rowlin

Licensed Embalmer No. 4933

P. O. Address California

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.