RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 10 1961

-60-048506

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 6208 Registrar's No. 5

DED

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tyrone — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) none — Inside Limits Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print) First Scott Middle Riley Last Clark
4. DATE OF DEATH Month Dec Day 25 Year 1960
5. SEX Male
6. COLOR OR RACE Wht
7. Married ☒ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5/26/1943
9. AGE (last birthday) 17 — IF UNDER 1 YEAR Months 8 Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) High School
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Long Run Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Clark
13b. MOTHER'S MAIDEN NAME Bertha Riley
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Virginia Mae Cooper, Elk Creek, 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) Crushed chest + neck fracture — INTERVAL BETWEEN ONSET AND DEATH instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) also, multiple fractures of body
DUE TO (c) + lacerations.
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.) Head on Collision with another auto.
20c. TIME OF INJURY Hour 11:50 p.m. Month, Day, Year 12-25-60
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.) HiWay 137
20f. CITY, TOWN, OR LOCATION Tyrone, Texas, COUNTY Mo. STATE

21. I VIEWED the deceased ON 12-26-60, to and last saw her/him alive on
Death occurred at 11:50 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James L. Kentz, Coroner
22b. ADDRESS Cabool, Mo.
22c. DATE SIGNED 12-28-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/31/1960
23c. NAME OF CEMETERY OR CREMATORY A Pine Lawn
23d. LOCATION (City, town, or county) (State) City limits of Houston Mo
24. FUNERAL DIRECTOR ADDRESS L. F. Evans Houston Mo
25. DATE RECD. BY LOCAL REG. 1-6-61
26. REGISTRAR'S SIGNATURE Myrtie Craig M.S.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JAN 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ewell C. Cra

Licensed Embalmer No. 4761

P. O. Address Mtn Gr

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