

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002332

STATE FILE NUMBER

FILED VS JAN 10 1961 AMENDED
 Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 4

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moreau Township</u>		Length of stay in 1b <u>Lifetime</u>	c. CITY OR TOWN <u>Barnett</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>4 mi W of Barnett, Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4 mi W of Barnett</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Samuel</u> Middle <u>Issac</u> Last <u>Elliott</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>4</u> Year <u>1961</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>11 Dec 98 62</u>	9. AGE (last birth day) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Morgan County, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S. i.</u>		
13a. FATHER'S NAME <u>Thomas Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>James Daniels</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>Yes W. War 2</u>			17. INFORMANT <u>Mrs Geo Gumanns - Versailles, 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
IMMEDIATE CAUSE (a) <u>Skull fracture & Crushed Chst</u>					<u>Immediate</u>
DUE TO (b) <u>CAR-Train Accident</u>					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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-Train Accident Rock Island Railroad</u>			
20c. TIME OF INJURY <u>9:15</u>	Hour _____ Month, Day, Year <u>1-4-61</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>Railroad Crossing Near Farm</u>	20f. CITY, TOWN, OR LOCATION <u>Barnett</u>	COUNTY <u>Morgan</u>	STATE <u>Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Sam R. Lewis</u> (Degree or title)			22b. ADDRESS <u>Versailles, Missouri</u>		22c. DATE SIGNED <u>1-5-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6 Jan 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wheeler Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Morgan County, Mo</u>		
24. FUNERAL DIRECTOR <u>Edwell Funeral Home - Versailles, Mo</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-5-61</u>	26. REGISTRAR'S SIGNATURE <u>J. L. York</u>	

JAN 12 1961

APR 6 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond Fisher

Licensed Embalmer No. 4626

P. O. Address Versailles, mo

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.