

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021817

STATE FILE NUMBER

AMENDED

Registration District No. 181 Primary Registration District No. 5675 Registrar's No. 21

FILED JUL 11 1961

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lincoln		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hurricane Twp.		Length of stay in 1b Life	c. CITY OR TOWN Eolia, Mailing Add.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Field		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Connie Middle Norine Last Ellis			4. DATE OF DEATH Month July Day 4 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/24/47	9. AGE (last birthday) 13	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Lincoln Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Finley Ellis		13b. MOTHER'S MAIDEN NAME Helen Betty Gentry		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 Robert Finley Jr. Eolia, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation By Fire					INTERVAL BETWEEN ONSET AND DEATH ????
DUE TO (b) Tractor Overturned & Exploded. Subject was					
DUE TO (c) pinned under fender of tractor by leg.					
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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Child was riding on tractor, One wheel hit			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year stump & overturned, Gas exploded burning her. She was pinned under tractor. Her brother was driving.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	20f. CITY, TOWN, OR LOCATION Hurricane Twp. Lincoln Co. Missouri	COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at About 2:30 PM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Sign or print) Joseph D. Marsh Jr.			22b. ADDRESS Troy, Missouri		22c. DATE SIGNED 7/5/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/6/61	23c. NAME OF CEMETERY OR CREMATORY Auburn Cemetery		23d. LOCATION (City, town, or county) (State) Lincoln Co. Missouri	
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 7/8/1961	26. REGISTRAR'S SIGNATURE Mr. Clarence Kuntz	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 14 1961

SEP 6 1962

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.