MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028239
STATE FILE NUMBER

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 252

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital
Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First: Dorsey Middle: Cleotis Last: Small
4. DATE OF DEATH Month: August Day: 25, Year: 1961
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-2-17
9. AGE (last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Scotland County
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Cecil Amby Small
13b. MOTHER'S MAIDEN NAME: Hattie Hardin Hill
14. NAME OF HUSBAND OR WIFE: Amelia Fern Nichols
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Mrs. Cleotis Small Address: Edina, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Shock — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Multiple fractures pelvis & rt. leg — 2 hours
DUE TO (c) Internal Injuries
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.) Automobile Accident
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 8-25-61
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.): Highway 63
20f. CITY, TOWN, OR LOCATION: La Plata COUNTY: Macon STATE: Mo.
21. I attended the deceased from 8-25-61, to 8-25-61 and last saw him alive on 8-25-61
Death occurred at 7:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: E. H. Grim (Degree or title) M. D.
22b. ADDRESS: 112 E. Patterson Ave., Kirksville, Mo.
22c. DATE SIGNED: 8-25-61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 27 Aug 1961
23c. NAME OF CEMETERY OR CREMATORY: Linville Cemetery
23d. LOCATION (City, town, or county) (State): Edina, Mo
24. FUNERAL DIRECTOR: HUDSON-RIMER FUNERAL HOME ADDRESS: Edina, Mo
25. DATE RECD. BY LOCAL REG.: Sept 8, 1962
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

SEP 12 1961

E. M. GRIM, M.D.

AUG 1 0 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 A. G. Grimes

Licensed Embalmer No. 5041

P. O. Address Edina, Mis

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.