

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007517

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

290
FILED FEB 28 1962

28

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

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Nevada b. COUNTY White Pine	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Roberts		c. CITY OR TOWN E. Ely	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HW 66 1/2 mi East of Spur 66		d. STREET ADDRESS (If outside, give location) 1124 H Avenue	
3. NAME OF DECEASED (Type or print) First PAUL Middle LEE Last CELAYA		4. DATE OF DEATH Month February Day 17 Year 1962	
5. SEX Male	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 10 May 1939
9. AGE (last birthday) 22		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	
11. BIRTHPLACE (City and state or country) Ely, Nevada		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Silberio L. Celaya		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE NA		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Oct 59 to date	
16. SOCIAL SECURITY NO. 530-22-8372		17. INFORMANT Silberio L. Celaya Address 1124 H Avenue E. Ely, Nevada	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration and Maceration of the brain, extensive DUE TO (b) Automobile Accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractures of Facial Bones and Calvarium, Extensive, Multiple		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	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.) Automobile struck tree on curve on HW 66 1/2 mile	
20c. TIME OF INJURY 9:00	Hour 9:00 p.m.	Month, Day, Year 2-17-62	
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.) Highway	
20f. CITY, TOWN, OR LOCATION St. Roberts		COUNTY Pulaski	
20g. STATE Missouri		21. I attended the deceased from 17 February 1962 to 17 February 1962 and last saw him alive on never	
21a. SIGNATURE John B. Mc Master (Degree or title) JOHN B. MC MASTER, Captain, MC		21b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	
21c. DATE SIGNED 2-19-62		22. DATE SIGNED 2-19-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/19/1962	23c. NAME OF CEMETERY OR CREMATORY Unknown	
23d. LOCATION (City, town, or county) Ely, Nevada		23e. STATE Nevada	
24. FUNERAL DIRECTOR Carl J. Glenn		ADDRESS Rolla, Mo.	
25. DATE RECD. BY LOCAL REG. 2-19-62		26. REGISTRAR'S SIGNATURE Paul Anderson	

MAR 18 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 Carl J. Glen

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.