MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030274

STATE FILE NUMBER

Registration District No. 33 Primary Registration District No. 4084 Registrar's No. 100

FILED SEP 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0170
2 0170
3
4 1
5 2
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7 0
8 2
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11 017
12 91-3
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: CARROLL
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wakenda Twp — Length of stay in 1b: Minutes
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2½ mi. S. Carrollton MO on U.S. Highway 65 + 24 — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: CARROLL
c. CITY OR TOWN: NORBORNE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 410 S. Pine — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MARIE Middle Last ELLIOTT

4. DATE OF DEATH: Month Sept. Day 1 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-3-1891
9. AGE (last birthday): 71 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (City and state or country): CARROLLTON, MO
12. CITIZEN OF WHAT COUNTRY: U.S. A

13a. FATHER'S NAME: FRED. BRUEMMER
13b. MOTHER'S MAIDEN NAME: Mary Leimkuehler
14. NAME OF HUSBAND OR WIFE: JARVIS ELLIOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MINNIE RENZELMAN Address: NORBORNE 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): MULTIPLE FRACTURES AND INTERNAL — INTERVAL BETWEEN ONSET AND DEATH: INTANT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): INJURIES FROM AUTO ACCIDEN ON
DUE TO (c): HIGHWAY 24 + 65 SOUTH OF CARROLLTON, MO
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.) CAR ACCIDENT
20c. TIME OF INJURY: Hour 5:00 p.m. Month, Day, Year 9-1-62
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.): ON HIGHWAY 24 + 65
20f. CITY, TOWN, OR LOCATION: RURAL CARROLLTON, COUNTY: CARROLL, STATE: MO.

21. I attended the deceased from AT CORONER CALL and last saw her/him alive on
Death occurred at 5:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Everett L. Smith Co. Coroner Carroll Co. Mo.
22b. ADDRESS: 10th 9th St. Carrollton, Mo
22c. DATE SIGNED: 9-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-4-1962
23c. NAME OF CEMETERY OR CREMATORY: Fairhaven Cemetery
23d. LOCATION (City, town, or county): NORBORNE (State): MO.

24. FUNERAL DIRECTOR: Gibson Funeral Home, ADDRESS: NORBORNE MO
25. DATE RECD. BY LOCAL REG.: 9-5-62
26. REGISTRAR'S SIGNATURE: Vill Moore Dep.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Ben W Gibson
Signature of Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.