

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043055

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 595

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
VS 300 Rev. 4/59					
1 7005					
2 70052					
3					
4 1					
5 1					
6					
7 1					
8 1					
9 981X					
10					
11					
12 92-3					
13 1-0					
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF			

<b>FILED DEC 14 1962</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>	c. CITY OR TOWN <b>Independence</b> Length of stay in 1b <b>21 yrs</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. Indep. San &amp; Hosp.</b>	d. STREET ADDRESS (If outside, give location) <b>126 1/2 So. Forrest</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Norma</b> Middle <b>Jean</b> Last <b>Elgin</b>	
4. DATE OF DEATH <b>12-8-62</b> Month <b>12</b> Day <b>8</b> Year <b>62</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-22-38</b>
9. AGE (last birthday) <b>24</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rate Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance Co.</b>
11. BIRTHPLACE (City and state or country) <b>(Girard, Kansas)</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Cecil R. Peterson, Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Clara Spencer</b>
14. NAME OF HUSBAND OR WIFE <b>Lewis Raymond Elgin</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>
16. INFORMANT <b>Mrs. Clara Peterson, 815 E. Albert</b>	17. ADDRESS <b>815 E. Albert</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gushat wound Lower chest &amp; abdomen</b> DUE TO (b) <b>chest &amp; abdomen</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Shot by Husband</b>	
20c. TIME OF INJURY Hour <b>12</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <b>12-8-62</b>	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.) <b>Residence</b>	20f. CITY, TOWN, OR LOCATION <b>Independence Jackson Mo</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Nephew of Queen Corcoran</b>	22b. ADDRESS <b>152 Union Station</b>
22c. DATE SIGNED <b>12-9-62</b>	
23a. BURIAL, CREATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 12, 1962</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Indep. Missouri</b>
24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons-Indep. Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>12-12-62</b>
26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>	

APR 11 1963

**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 J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address K.C. 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.