

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1680

State File No.

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2002 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY JASPER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)
a. STATE MISSOURI b. COUNTY JASPER

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin c. LENGTH OF STAY (In days) 45

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 0495

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST JOHN'S HOSPITAL

d. STREET ADDRESS (If rural, give location) Joplin MO

3. NAME OF DECEASED
a. (First) A b. (Middle) M. c. (Last) ELLERN

4. DATE OF DEATH (Month) (Day) (Year) 1-4-52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED

8. DATE OF BIRTH No Record

9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY Clothing

11. BIRTHPLACE (State or foreign country) No Record

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME No Record

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Carcinoma
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
3 mos
2
4

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION 163X

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1-1, 1952, to 1-4, 1952; that I last saw the deceased alive on 1-3, 1952, and that death occurred at 7:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. B. Schoebel MD

23b. ADDRESS Joplin MO

23c. DATE SIGNED 1-8-52

24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL

24b. DATE 1/10/52

24c. NAME OF CEMETERY OR CREMATORIAL TRAVELVIEW

24d. LOCATION (City, town, or county) (State) Joplin MO

DATE REC'D BY LOCAL REG. 1-10-52

REGISTRAR'S SIGNATURE [Signature] 138

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TURLBUX GLOVER MORTUARY

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Schoebel

495

RECEIVED 1-21-52
Jasper County Health Office

County File Number 52/1/42

Date Filed 1-23-52

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Dale Glover*

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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 this body is not embalmed, fact should be so stated above.