

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

MAR 20 1952

BIRTH NO. _____ REG. DIST. NO. **142** PRIMARY REG. DIST. NO. **5883** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain View, Mo	
c. LENGTH OF STAY (in this place) 26 yrs		d. STREET ADDRESS (If rural, give location) Rural P # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION None Chapel Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Arvilla b. (Middle) May c. (Last) Ellett			4. DATE OF DEATH (Month) (Day) (Year) March 10, 52		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 3rd 1895	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days 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	11. BIRTHPLACE (City and State or Foreign Country) Isabelle Oklahoma		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J.E. Jarvis		13b. MOTHER'S MAIDEN NAME Josie Moore		14. NAME OF HUSBAND OR WIFE Ed W. Ellett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ed W. Ellett Mountain View, Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension		4 years	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Mar 1, 1952** to **Mar 9, 1952**, that I last saw the deceased alive on **Mar 9, 1952**, and that death occurred at **10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Thomas R. Shaggs M.D. (Degree or title)		23b. ADDRESS Mtn View Mo		23c. DATE SIGNED Mar 17-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-52		24c. NAME OF CEMETERY OR CREMATORY Chappell Hill Cem,		24d. LOCATION (City, town, or county) (State) Mountain View, Mo	
DATE REC'D BY LOCAL REG. 3-19-52		REGISTRAR'S SIGNATURE Laura Mitchell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo			

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

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
Student Embalmer

Signed *Joe G. Stinson*

Licensed Embalmer No. *43257*

P. O. Address *Mt View 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.