

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17402

FILED JUN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 5888 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ozark</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lutie, Mo Ozark Co Bigcreek Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Romance, Mo ---Rural-Bigcreek Twp</b>	
c. LENGTH OF STAY (In this place) <b>30 days</b>		d. STREET ADDRESS (If rural, give location) <b>Ozark, County, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nursing Home, Lutie, Mo</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Austin</b>	b. (Middle) <b>--</b>	c. (Last) <b>Ellison</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May, 31 -52</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 26, 1869</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>6</b>	IF UNDER 12 HRS. Days <b>5</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Near Henderson, Ark.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Ellison</b>	13b. MOTHER'S MAIDEN NAME <b>Malinda Jennings</b>	14. NAME OF HUSBAND OR WIFE <b>Edna Ellison</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edna Ellison</b>	ADDRESS <b>Romance, Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Perniciou anemia</b>		<b>3 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 19, 1952 to May 31, 1952, that I last saw the deceased alive on 5-31, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank Beard, M.D.</b>	23b. ADDRESS <b>Gainesville Mo</b>	23c. DATE SIGNED <b>6-2-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/2/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gainesville, Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Gainesville, Ozark, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6/7/52</b>	REGISTRAR'S SIGNATURE <b>Thana Mubert</b>	25 FUNERAL DIRECTOR'S SIGNATURE <b>Blendingber Funeral Home, Mo.</b>	ADDRESS <b>Gainesville</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Chester A. Ross

Signed.....  
Student Embalmer

Licensed Embalmer No. 73044

P. O. Address Smithville, 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.