

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 11 1955

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 3

0841

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

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>South Springfield St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Springfield St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ilan</u> b. (Middle) <u>Helen</u> c. (Last) <u>Ellison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 22, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 11, 1933</u>	9. AGE (In years last birthday) <u>21</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Weather, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George T. Bone</u>		13b. MOTHER'S MAIDEN NAME <u>Kizzie Underwood</u>		14. NAME OF HUSBAND OR WIFE <u>Tindell Paul Ellison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Creighton & Home Farmington, Mo.</u>	
17. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation from smoke</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and flames from</u>			
		DUE TO (c) <u>Burning Home</u> <u>E 9160 16</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2nd Degree Burns over</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>entire body</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Bolivar</u> (COUNTY) <u>Polk</u> (STATE) <u>Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 22, 1954</u> <u>about 2 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Burning Home</u>	

22. I hereby certify that I attended the deceased from Dec. 22, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about 2 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Willard Berwin Co., Mo.</u> (Deceased or title)		23b. ADDRESS <u>Bolivar, Mo.</u>		23c. DATE SIGNED <u>1/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/23/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>T of P</u>	
24d. LOCATION (City, town, or county) <u>Farmington</u>		24e. (State) <u>Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Jan 7, 1955</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Blue</u>	
				ADDRESS <u>Bolivar, Mo.</u>	

APR 21 1955

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 W. Edward A. Quinn

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.