

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5711

State File No.

No. 300
10.48

FILED MAR 7 1955

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Bernsco</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bernsco</u>	
b. CITY OR TOWN <u>Caruthersville</u>		c. CITY OR TOWN <u>Caruthersville</u> 0780	
c. LENGTH OF STAY (in this place) <u>6 mo</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ashburn</u> b. (Middle) <u>Ellison</u> c. (Last) <u>Ellison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-27-55</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>unknown abt 8-7</u>	9. AGE (In years last birthday) <u>8-7</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Hayward Co. Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ashburn Ellison</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>Elnora Ellison</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Elnora Ellison</u> ADDRESS <u>Caruthersville Rt</u>
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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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac De-compensation</u>		
	DUE TO (c) _____		
11. 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 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) (Min.)	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 Dec 17 1954, to 27 Feb, 1955, that I last saw the deceased alive on 27 Feb, 1955, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. W. L. ...</u> (Degree or title)	23b. ADDRESS <u>Caruthersville, Mo</u>	23c. DATE SIGNED <u>1 Mar 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-2-55</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Charleston Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-7-55</u>	REGISTRAR'S SIGNATURE <u>Chas. A. Bridger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berman and Co.</u> ADDRESS <u>St. Louis Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-66-55

MAR 4 - 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

~~RETURN TO~~
~~MISS JUANITA GARDNER, Treas.~~
~~PEMISCOT COUNTY HEALTH DEPARTMENT~~
~~COURTHOUSE~~
~~CARUTHERSVILLE, MO.~~

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

John St. German
Licensed Embalmer No. *74355*

P. O. Address *Haysi, 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.