

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21500

State File No. ....

FILED AUG 3-1955

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <u>70</u>		PRIMARY REG. DIST. NO. <u>5278</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <b>Clark</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clark</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Jackson Twp</b>			c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Jackson Twp.</b> <i>0230</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Canton, Route One</b>				d. STREET ADDRESS (If rural, give location) <b>Canton, Route 1.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b>			b. (Middle) <b>N.</b>		c. (Last) <b>ELLISON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 20, 1955</b>
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>April 6, 1909</b>	9. AGE (In years last birthday) <b>46</b>	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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Clark County, Missouri</b> <i>0</i>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Martin Ellison</b>			13b. MOTHER'S MAIDEN NAME <b>Katherine Schreck</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Elmer Ellison</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>520-07-7327</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. ELMER ELLISON / Canton Mo</b>			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>(a) Arteriosclerotic Heart Disease</b> <b>(b) Rheumatic Heart Disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>70 min</b> <b>4 years</b> <b>10 years</b>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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"/>							
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 <u>4-14</u> , 19 <u>53</u> , to <u>7-19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-19</u> , 19 <u>55</u> , and that death occurred at <u>12:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter B. Karsick M.D.</b>				23b. ADDRESS <b>Keokuk, Iowa.</b>		23c. DATE SIGNED <b>7-22-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>July 22, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Patrick Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Patrick Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7/26/55</b>		REGISTRAR'S SIGNATURE <b>J. B. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. J. ... Keokuk, Iowa</b>			

(Licensed Embalmer's Statement on Reverse Side)

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, ~~and~~.....

Student Embalmer No. ....

working under my personal supervision.

Signed *H. M. J. Kraus, Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4518*

P. O. Address *1212 Coicent St.  
Kokomo, Iowa*

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.