

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 30 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>7 days</b>		c. CITY OR TOWN <b>Amazonia</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>00201</b>					
3. NAME OF DECEASED (Type or Print) <b>PENELOPE</b>			a. (First)		b. (Middle)		c. (Last) <b>ELLISON</b>		
4. DATE OF DEATH <b>January 22, 1956</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>1889</b>		9. AGE (In years last birthday) <b>65 66</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Amazonia, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Turner</b>		13b. MOTHER'S MAIDEN NAME <b>Arminta Lisle</b>		14. NAME OF HUSBAND OR WIFE <b>Harrison</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>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Harrison Ellison, Amazonia, Missouri</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Essential Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>331X</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Acute Viral Upper Respiratory +</b> <b>acute bacterial infection</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b> <b>12 days</b>	
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) (Min.)		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>12-6-</u> , 19 <u>47</u> , to <u>1-22-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-22-</u> , 19 <u>56</u> , and that death occurred at <u>7:00p.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Gilbert B. Kelley M.D.</b>				23b. ADDRESS <b>Savannah, Mo</b>				23c. DATE SIGNED <b>1-23-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>1/25/1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Evan &amp; Reformed Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Amazonia, Missouri</b>			
DATE REC'D BY LOCAL REG <b>Jan 26, 1956</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		485 <b>Hester Bowman</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>St Joseph M</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

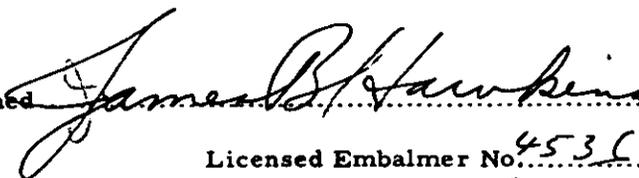
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4536

P. O. Address 319 So 10th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.