

FILED FEB 6 1956

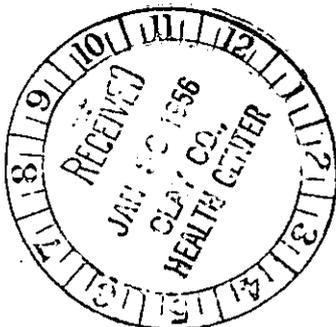
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 665BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Webster					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs			c. LENGTH OF STAY (in this place) 10 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield					
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital Excelsior Springs, Missouri				d. STREET ADDRESS (If rural, give location) Box 344					
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) NMI		c. (Last) ELLISON				
4. DATE OF DEATH (Month) (Day) (Year) JANUARY 13 1956									
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 18, 1892		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal		11. BIRTHPLACE (State or foreign country) Douglas County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Kell Ellison			13b. MOTHER'S MAIDEN NAME Nancy Thompkins			14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes WWI		16. SOCIAL SECURITY NO. Yes NR		17. INFORMANT'S SIGNATURE OR NAME VA Hospital records			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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmonale with Cardiac Decompensation				INTERVAL BETWEEN ONSET AND DEATH Unknown	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Fibrosis & Emphysema				Unknown	
				DUE TO (c) Silico-Tuberculosis far advanced,				Unknown	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. active.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ---						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Jan. 4, 1956 , to Jan. 10, 1956 , and that death occurred at 2:05 P. m., from the causes and on the date stated above.									
23a. SIGNATURE F. J. Mantell (Degree or title) M.D. Acting Pathologist				23b. ADDRESS Excelsior Springs, Mo.			23c. DATE SIGNED 1-14-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-14-56		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Marshfield, Missouri			
DATE REC'D BY LOCAL REG. 1-16-56		REGISTRAR'S SIGNATURE Caroline Hutchings			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Claude Prichard, Excelsior Springs, Mo.				

(Licensed Emballer's Statement on Reverse Side)

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

300
48



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

Lindell Jarman

Licensed Embalmer No. *4589*

P. O. Address

Exelior Spring

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.