

FILED AUG 13 1956

STANDARD CERTIFICATE OF DEATH

24495

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 72

Health, Welfare Public Service 01870 300 1-56

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN Stark City 0730	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sales Memorial Hospital		d. STREET ADDRESS (If outside, give location) _____	
3. NAME OF DECEASED (Type or print) Josiah Alvin Ellis		4. DATE OF DEATH August 4-1956	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-3-1862	
9. AGE (In years last birthday) 93		10. IF UNDER 1 YEAR: Months 8 Days 1 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant & Farmer (Retired)		11. BIRTHPLACE (City and state or country) No Record	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME No Record	
14. MOTHER'S MAIDEN NAME No Record		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. No		17. INFORMANT Kenneth Ellis, Joplin Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Broncho. DUE TO (b) Arterio sclerosis generalis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500		INTERVAL BETWEEN ONSET AND DEATH 3 days unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY: Hour, Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Aug 1, 1956 to Aug 4, 1956 and last saw her alive on Aug 4, 1956 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: Harold C. Leuten (Degree or title)		22b. ADDRESS Neosho, Mo.	
22c. DATE SIGNED 8-7-56		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE Aug 7 1956		23c. NAME OF CEMETERY OR CREMATORY Weems Cemetery	
23d. LOCATION (City, town, or county) Newton County, Missouri		(State)	
24. FUNERAL DIRECTOR W. M. Poque, Wheaton Mo		25. DATE RECD. BY LOCAL REG. 8-7-56	
ADDRESS		26. REGISTRAR'S SIGNATURE Malvin C. Bowman	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. *Wheaton*
District File Number *856-127*
Date Filed: **AUG 10 1956**

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 *James Kenneth Duncan*
Licensed Embalmer No. *47*

P. O. Address *Wheaton*

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.