

STANDARD CERTIFICATE OF DEATH

40312

STATE FILE NUMBER

5265

FILED DEC 2 - 1957

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5265

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Smithton</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Hosp. Hosp.</u>				Length of stay in lb <u>3 weeks</u>		d. STREET ADDRESS (If outside, give location) <u>Smithton, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Charles R</u> Middle <u>E</u> Last <u>Ellison</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>8</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Mar 7 1881</u>	
10a. USUAL OCCUPATION (Give kind of work done (If deceased was a life even if retired)) <u>Mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>		11. BIRTHPLACE (City and state or country) <u>Smithton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard B. Ellison</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen E. Weller</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>489-40-5098</u>		17. INFORMANT <u>Mrs. N. B. Lamberson, H. C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>(a) Hypertensive Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>(b) Peritonitis, gall bladder stones</u> DUE TO (c) <u>(c) Chemia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>584 X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>6-7 days</u> <u>6-7 days</u>	
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 <u>6:45</u> Month, Day, Year <u>11-8-57</u> a.m. <u>p.m.</u>							
20d. INJURY OCCURRED WHILE AT <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 <u>Smithton, Mo.</u>		COUNTY <u>Clay</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>11-5-57</u> to <u>11-8-57</u> and last saw him alive on <u>11-8-57</u> ✓ Death occurred at <u>6:45 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dana P. Arnenan D.O.</u>				22b. ADDRESS <u>926 E. 11th St. X.C., Mo.</u>		22c. DATE SIGNED <u>11/9/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-8-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Smithton, Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Smithton, Mo.</u>	
24. FUNERAL DIRECTOR <u>Neumeier Mortuary, Smithton, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-9-57</u>		26. REGISTRAR'S SIGNATURE <u>Irene Marshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dana P. Arnenan

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Missouri Department of Health, Division of Health Statistics, Form No. 10-57, Revised 1-57, Printed by the State Printer, Jefferson, Mo.



DEC 3 1957

JAN 2 1958

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

*John R. Friedman*  
Licensed Embalmer No. 453  
P. O. Address *James City*

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.