

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40312
STATE FILE NUMBER
5265
Registrar's No.

FILED DEC 2 - 1957

Registration District No. 149 Primary Registration District No. 1002

V. S. 300
Rev. 1-57

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Smithton</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Orthopedic Hosp.</u>		Length of stay in lb <u>3 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>100</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles R. Ellison</u>			4. DATE OF DEATH Month Day Year <u>Nov 8 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 over 14 years of age, even if retired) <u>Mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Government</u>	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>76</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, N. C. Mo.</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>(a) Hypostatic Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</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>			<u>6-7 days</u>
DUE TO (c) <u>(c) Chemia</u>			<u>6-7 days</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>			
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 <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.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dana P. Arntman D.O.</u> (Degree or title)		22b. ADDRESS <u>926 E. 11th St. N.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>—</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>Reva Marshall</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dana P. Arntman



DEC 9 1957

11-14-57

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. Erdman*
Licensed Embalmer No. *453*
P. O. Address *Jackson 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.