Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

47063
STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 245

**1. PLACE OF DEATH**
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Nevada — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): D.O.A. City Hosp. — Length of stay in Ib: 30 Yrs.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 500 E. Ashland — Reside on Farm: Yes [ ] No [ ]

**3. NAME OF DECEASED** (Type or print): First: David Middle: Frank Last: Ellis

**4. DATE OF DEATH**: Month: Dec. Day: 28 Year: 1957

**5. SEX**: Male **6. COLOR OR RACE**: White **7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X] **8. DATE OF BIRTH**: Aug. 4. 1875 **9. AGE** (In years last birthday): 82 IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (City and state or country): Melvern, Kansas
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: John T. Ellis
**13b. MOTHER'S MAIDEN NAME**: Rebecca Unknown
**14. NAME OF HUSBAND OR WIFE**: Unknown

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service): X X X
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT**: Fern Attebery Address: Nevada, Missouri.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 3-5 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
Man fell on sidewalk & died in Ambulance on way to Hosp
**19. WAS AUTOPSY PERFORMED?** YES [ ] NO [X]

**20a. ACCIDENT** [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION**: Nevada COUNTY: Vernon STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 10:18 A m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**: [signature] (Degree or title): (Coroner)
**22b. ADDRESS**: Nevada Mo
**22c. DATE SIGNED**: 1-29-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 12/30/57
**23c. NAME OF CEMETERY OR CREMATORY**: Newton Burial Park
**23d. LOCATION** (City, town, or county) (State): Vernon Co. Missouri.

**24. FUNERAL DIRECTOR** ADDRESS: Richard L. Shorten. Nevada, Mo.
**25. DATE RECD. BY LOCAL REG.**: 12-31-1957
**26. REGISTRAR'S SIGNATURE**: [signature]

(Licensed Embalmer's Statement on Reverse Side)

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.

51/0

## 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 Lloyd C. McCord

Licensed Embalmer No. 4853

P. O. Address Nevada, Mo.

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.