

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008890
STATE FILE NUMBER
340

FILED MAR 31 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.			Length of stay in 1b 2 years		d. STREET ADDRESS (If outside, give location) 2907 St. Joseph Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last HARRISON ELLISON				4. DATE OF DEATH Month Day Year March 25, 1958					
5. SEX male \emptyset		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 April 30, 1877		9. AGE (In years last birthday) 80 F UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Section Foreman			10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.		11. BIRTHPLACE (City and state or country) Andrew County, Mo. \emptyset		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Ellison			13b. MOTHER'S MAIDEN NAME Henrietta Allison			14. NAME OF HUSBAND OR WIFE Penelopie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 707-09-6155		17. INFORMANT Address St. Joseph, Mo. Mrs. Margaret Hamilton, 2907 St. Joseph, Ave.				
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>Arteriosclerosis</u> DUE TO (b) <u>Arteriosclerosis, great</u> DUE TO (c) <u>C. cordis degenerativa</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 yrs.</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.) <u>2</u>						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
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		COUNTY		STATE	
21. I attended the deceased from <u>Sept. 1947</u> to <u>3/25/58</u> and last saw her alive on <u>3/25/58</u> Death occurred at <u>2:05 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) <u>Corrad C. Kupka</u>				22b. ADDRESS <u>Laramiah Mo</u>			22c. DATE SIGNED <u>3/26/58</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/27/1958	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery			23d. LOCATION (City, town, or county) Amazonia, Missouri			
24. FUNERAL DIRECTOR <u>Keaton Bowman</u>			ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. <u>Mar. 26, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Wm. Clark Handell</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 10 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 *William Gulberg*

Licensed Embalmer No. *4535*

P. O. Address *395 10th St*

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.