

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028267

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 930

1958 SEP 3

S. 300
1-57
0

| | | | |
|--|---|---|--|
| 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 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. | | Length of stay in 1b Life | d. STREET ADDRESS (If outside, give location) 1409 North 10th |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN FRANCIS ELLIS | | | 4. DATE OF DEATH August 27, 1958 Month Day Year |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 15, 1954 |
| 9. AGE (In years last birthday) 4 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 11. BIRTHPLACE (City and state or country) St. Joseph, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Barat F. Ellis | | 13b. MOTHER'S MAIDEN NAME Dorothy Shuttle | |
| 14. NAME OF HUSBAND OR WIFE None | | 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. None | | 17. INFORMANT B.F. Ellis | |
| 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>Brain Injury</u> DUE TO (b) <u>Fracture of Skull</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mongolism</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>8h.</u> <u>8h.</u> | |
| 19a. ACCIDENT <input checked="" 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>Fell from upstairs porch.</u> | |
| 20c. TIME OF INJURY <u>about 3:15 p.m.</u> Hour Month, Day, Year <u>8/26/58</u> | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u> | |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Joseph Buchanan Mo.</u> | |
| 21. I attended the deceased from Death occurred at <u>12:10</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated. | | 21. I attended the deceased from <u>6/26/58</u> to <u>8/27/58</u> and last saw him alive on <u>8/26/58</u> | |
| 22a. SIGNATURE (Degree or title) <u>Scott Gresson M.D.</u> | | 22b. ADDRESS <u>324 N. 6th</u> | |
| 22c. DATE SIGNED <u>8/27/58</u> | | 23a. BURIAL, CREMATION, RENOVAL (Specify) Burial | |
| 23b. DATE Aug. 29, 58 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | |
| 23d. LOCATION (City, town, or county) St. Joseph, Mo. | | 23e. (State) | |
| 24. FUNERAL DIRECTOR <u>Herman W. Sidupfen</u> | | 25. DATE RECD. BY LOCAL REG. <u>Aug 28, 1958</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Rodell</u> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

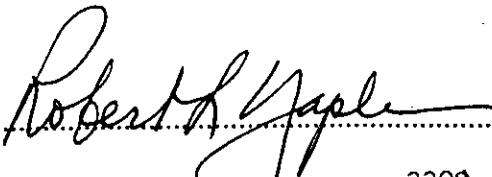
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

35-4

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 ,
Licensed Embalmer No. 3308
P. O. Address St. Joseph, 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.