Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031725
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 3-8 Primary Registration District No. 3006 Registrar's No. 436

1. PLACE OF DEATH
a. COUNTY BOONE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) MEMORIAL STADIUM UNIV. of Missouri — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY Cole
c. CITY OR TOWN JEFFERSON CITY c.264 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 319 WASHINGTON — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First VIVA Middle CLOUD Last ELLISON
4. DATE OF DEATH Month SEPT Day 27 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐
8. DATE OF BIRTH Aug 23, 1893
9. AGE (In years last birthday) 65 — 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) HOUSEWIFE + Secretary
10b. KIND OF BUSINESS OR INDUSTRY Public Service Commission
11. BIRTHPLACE (City and state or country) MARYVILLE, Mo.
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME JAMES H CLOUD
13b. MOTHER'S MAIDEN NAME LAURA E. WALLACE
14. NAME OF HUSBAND OR WIFE GEORGE ROBB ELLISON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address MARIE LATHROP, CHEYEAN, WYOMING

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) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH SUDDEN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Occlusion — "
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)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

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 COUNTY STATE

21. I attended the deceased from CORONER'S CASE and last saw her/him alive on
Death occurred at 1:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vincent P Perna MD Actin Coroner 3
22b. ADDRESS Department of Pathology University of Missouri
22c. DATE SIGNED 27 Sept 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-30-1958
23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

24. FUNERAL DIRECTOR ADDRESS Thorpe J. Gordon, Jefferson City, Mo.
25. DATE RECD. BY LOCAL REG. Sept 29 1958
26. REGISTRAR'S SIGNATURE Mrs. R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

10

OCT 6 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 .....

Licensed Embalmer No. 4897

P. O. Address Columbus MS

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.