

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009047

STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Sullivan	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS 206 N. Church	
Length of stay in lb 6 weeks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ALBERT Middle CLEMMONS Last ELLISON			4. DATE OF DEATH March 28, 1959		
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5. SEX Male	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 Dec. 28, 1869	9. AGE (In years last birthday) 89	10. F UNDER 1 YEAR Months	11. F UNDER 24 HRS Days	12. IF UNDER 24 HRS Hours	13. IF UNDER 24 HRS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist	10b. KIND OF BUSINESS OR INDUSTRY Dental	11. BIRTHPLACE (City and state or country) Sullivan, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Ellison	13b. MOTHER'S MAIDEN NAME Martha Skaggs	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. No.	17. INFORMANT Mary Agnes Ellison Address Sullivan, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	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 Sullivan COUNTY Missouri STATE Missouri
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21. I attended the deceased from 3-1-59 to 3-28-59 and last saw him alive on 3-24-59 Death occurred at 7:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) John W. Eaton Jr. M.D.	22b. ADDRESS Springfield Mo	22c. DATE SIGNED 3/28/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-31-59	23c. NAME OF CEMETERY OR CREMATOR St. Anthony, Cemetery	23d. LOCATION (City, town, or county) (State) Sullivan, Missouri
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24. FUNERAL DIRECTOR H.M. Eaton ADDRESS Sullivan, Missouri	25. DATE RECD. BY LOCAL REG. 3-30-59	26. REGISTRAR'S SIGNATURE Effie E. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS MAR 23 1969

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 *Max Hodges*

Licensed Embalmer No. *407*
P. O. Address *Springfield*

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.