

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020658

FILED JUN 19 1959

Registration District No. 5-8

Primary Registration District No. 5214

STATE FILE NUMBER
Registrar's No. 13

300
-57

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1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE FLORIDA b. COUNTY PASCO	
b. CITY (If outside corporate limits, give TOWNSHIP only) RURAL-JOHNSON TWP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN BROOKSVILLE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) OSBORN MOTEL Length of stay in lb 8 HRS		d. STREET ADDRESS (If outside, give location) ROUTE 4, Box 341 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ELMER Middle KENDALL Last ELLIS			4. DATE OF DEATH Month 6 Day 7 Year 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-25, 1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN		10b. KIND OF BUSINESS OR INDUSTRY FIREMAN	11. BIRTHPLACE (City and state or country) PASCO County, Florida
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES ELLIS	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE RUBY ELLIS	
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. 265-625237	
17. INFORMANT Ruby ELLIS		RT 4, Box 341 BROOKSVILLE FLA.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 5 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Under treatment by doctor in Florida, this man (c) was known to suffer from heart attack.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			
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.)	
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 Death on Arrival and last saw her/him alive on 8:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chasman W Spadden		22b. ADDRESS Van Buren, MO	22c. DATE SIGNED 6-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-9-59	23c. NAME OF CEMETERY OR CREMATORY DAVER CEMETERY	23d. LOCATION (City, town, or county) (State) Hillsboro Co, Florida
24. FUNERAL DIRECTOR McSpadden		25. DATE RECD. BY LOCAL REG. June 17-59	26. REGISTRAR'S SIGNATURE Mrs Octa Henson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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JUN 2 1959

CARTER COUNTY
HEALTH CENTER

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 *Allen C. McGee*

Licensed Embalmer No. *4543*

P. O. Address *Van Buren, 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.