

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022245

FILED JUL 13 1959 23

Primary Registration District No. 5-808-1242 Registrar's No. 36

STATE FILE NUMBER

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Montgomery</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mc-Kittrick Mo</u> Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Marye Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u> c. CITY OR TOWN <u>Mc Kittrick Mo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Clifton</u> Middle <u>Orlando</u> Last <u>Ellis</u>			<b>4. DATE OF DEATH</b> Month <u>July-</u> Day <u>4-</u> Year <u>1959</u>		
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>Aug-31-1863</u>	<b>9. AGE</b> (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u> Hours <u>   </u> Min. <u>   </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Mc Kittrick, Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U S</u>
<b>13a. FATHER'S NAME</b> <u>David Ellis</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Julia Hall</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Francis Isodora Ellis</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT</b> Address <u>Mrs Andy Klindenst Mc Kittrick, Mo</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Old age &amp; debility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour: <u>   </u> a.m. <u>   </u> p.m. Month, Day, Year: <u>   </u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY	STATE
<b>21. I attended the deceased from</b> <u>21 March 59</u> , to <u>4 July 59</u> and last saw him alive on <u>2 July 59</u> Death occurred <u>6:30</u> p. m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>[Signature]</u>			<b>22b. ADDRESS</b> <u>Jonesburg, Mo.</u>		<b>22c. DATE SIGNED</b> <u>7-6-59</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>July-8-1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Baptist Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Mc Kittrick Mo</u>		
<b>24. FUNERAL DIRECTOR</b> <u>Baker Funeral Home New Florence Mo</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>July 6-1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Laura S Callaway</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.