

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027959

FILED VS AUG 5 1959

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 20

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MANSfield		Length of stay in 1b 3 years	c. CITY OR TOWN MANSfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Orville Middle Ellsworth Last Claire			4. DATE OF DEATH Month 7 Day 21 Year 59			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 6, 1904	9. AGE (last birthday) 54	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled Recently		10b. KIND OF BUSINESS OR INDUSTRY No Record		11. BIRTHPLACE (City and state or country) Alton Kan.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jones Claire		13b. MOTHER'S MAIDEN NAME ANNA Sneider		14. NAME OF HUSBAND OR WIFE _____		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes	16. SOCIAL SECURITY NO. _____	17. INFORMANT Personal Papers At His Home Address _____
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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) Cerebral vasculor accident		INTERVAL BETWEEN ONSET AND DEATH 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive vasculardisease	
	DUE TO (c) _____	

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
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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.)	
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 checked="" 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 **7-19-59** to **7-21-59** and last saw her/him alive on **7-20-59**
 Death occurred at **10 17 m** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Orville Ellsworth Claire D-2		22b. ADDRESS Mansfield, Mo	22c. DATE SIGNED 7-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 24, 1959	23c. NAME OF CEMETERY OR CREMATORY NATIONAL	23d. LOCATION (City, town, or county) (State) Springfield MO.

24. FUNERAL DIRECTOR Max & Miller ADDRESS Mansfield Mo.	25. DATE RECD. BY LOCAL REG. July 21-1959	26. REGISTRAR'S SIGNATURE Ann R...ing
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 5 1959

[Faint, mostly illegible handwritten text, possibly bleed-through from the reverse side of the page.]

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

Max L Miller

Licensed Embalmer No. 4720

P. O. Address Manassas

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.

[Faint, mostly illegible handwritten text at the bottom of the page.]