

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 18 1959

59-028820

STATE FILE NUMBER

Registration District No. 33 Primary Registration District No. Registrar's No. 98

INDEXED

1. PLACE OF DEATH a. COUNTY HARRISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY HARRISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) Melbourne		Length of stay in lb 2 YRS	c. CITY OR TOWN Melbourne
c. FULL NAME OF (If NOT in hospital, give location) 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 Nettie Middle JANE Last Ellis			4. DATE OF DEATH Month 8 Day 7 Year 1959		
5. SEX Female	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 2-28-1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 5 Days 4 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Daviess Mo		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Edward Scott		13b. MOTHER'S MAIDEN NAME Mary Mendenhall		14. NAME OF HUSBAND OR WIFE Leonard	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Leonard Ellis Melbourne Mo	Address Melbourne Mo
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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) Acute Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 min
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)		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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Gelman City Mo	COUNTY Mo	STATE Mo
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21. I attended the deceased from **8-7-59** to **8-7-59** and last saw her ^{her} alive on **8-7-59**
Death occurred at **4:20 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oliver P. Kelly	(Degree or title)	22b. ADDRESS Trenton Mo Aug 8th	22c. DATE SIGNED
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 8-10-59	23c. NAME OF CEMETERY OR CREMATORY Chester Union	23d. LOCATION (City, town, or county) (State) Gelman City Mo
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24. FUNERAL DIRECTOR MSKare	ADDRESS Bethany Mo	25. DATE RECD. BY LOCAL REG. 8-10-1959	26. REGISTRAR'S SIGNATURE Gella Maxey
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS 1007 2
1959-59

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 MSHawes

Licensed Embalmer No. 3899

P. O. Address Bethany, T

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.