

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029757

FILED VS. SEP 15 1959 00

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 145

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN La Plata		Length of stay in lb 2 Months		c. CITY OR TOWN La Plata		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION			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 WALTER Middle HAROLD Last ELLIS				4. DATE OF DEATH Month Sept Day 2 Year 1959			
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3/26/01	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 5 Days 6		IF UNDER 24 HR Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telegrapher			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Lewis Co. Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James W. Ellis			13b. MOTHER'S MAIDEN NAME Mary A Brown		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) no			16. SOCIAL SECURITY NO. 710-01-2912		17. INFORMANT Address Mr. Chas Ellis, St. Charles Mo.		
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 Instantaneous	
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		
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		COUNTY _____	STATE _____
21. I attended the deceased from 9-2-59 to 9-2-59 and last saw ^{her} him alive on 9-2-59 . Death occurred at _____ 4 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Harold S. Phelps D.D.				22b. ADDRESS La Plata Mo.		22c. DATE SIGNED 9-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept 3, 1959		23c. NAME OF CEMETERY OR CREMATORY Canton Cemetery		23d. LOCATION (City, town, or county) (State) Canton, Missouri	
24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home, La Plata, Mo				25. DATE RECD. BY LOCAL REG. 9/3/59		26. REGISTRAR'S SIGNATURE Keith M. Neely	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 1959

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

Kenneth M. Wilson
Signed Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, Wis

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.