t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED VS OCT 26 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-036975

STATE FILE NUMBER

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY New Madrid	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portagesville — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Piggott — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 — Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 8030 8 467 W. Court — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Rev. G.	Middle Robert	Last Ellis	4. DATE OF DEATH Month October Day 9 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH March 20, 1884	9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Methodist Minister	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Piggott, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME G. F. Ellis	13b. MOTHER'S MAIDEN NAME Birchett	14. NAME OF HUSBAND OR WIFE Synthia Emma Ellis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 490-40-1495	17. INFORMANT Mr. V.P. Ellis	Address 309 W. 3rd.St. Portageville, Mo.	

MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

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) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 Oct 59, to 9 Oct 59 and last saw her/him alive on 4pm 9 Oct

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) L. B. Painter Jr. M.D.	22b. ADDRESS Portageville, Mo.	22c. DATE SIGNED 15 Oct '59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-12-1959	23c. NAME OF CEMETERY OR CREMATORY Piggott Cemetery
23d. LOCATION (City, town, or county) (State) Piggott, Arkansas		
24. FUNERAL DIRECTOR Lloyd Russell	ADDRESS Piggott, Arkansas	25. DATE RECD. BY LOCAL REG. 10-17-59
26. REGISTRAR'S SIGNATURE Ellen De Lisle Milem		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

219
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OCT 27 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 me, or by ....me...., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Gerald W. Haggard

Licensed Embalmer No. 1116 Utah

P. O. Address Eggett, Utah

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.