

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002692

FILED VS JAN 11 1960

Registration District No. 264 Primary Registration District No. \_\_\_\_\_ Registrar's No. 3

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Ozark</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ozark</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gainesville</b>		Length of stay in lb <b>Life</b>	c. CITY OR TOWN <b>Gainesville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>None</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Flora Edna Ellison</b>			4. DATE OF DEATH Month <b>1</b> Day <b>2</b> Year <b>1960</b>			
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-2-1881</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of work of life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (City and state or country) <b>Gainesville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Y. E. McClendon</b>		13b. MOTHER'S MAIDEN NAME <b>Nannie Daniels</b>		14. NAME OF HUSBAND OR WIFE <b>Austin Ellison</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT Address <b>Chloe McClendon, Gainesville</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b>	
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 <b>Dec 20, 1959</b> to <b>Jan 2, 1960</b> and last saw her/him alive on <b>Jan 2, 1960</b> Death occurred at _____ <b>2 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>M. J. Herman DO</b> (Degree or title)			22b. ADDRESS <b>Gainesville, Mo</b>		22c. DATE SIGNED <b>1-4-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-4-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Gainesville City</b>	23d. LOCATION (City, town, or county) (State) <b>Gainesville, Missouri</b>			
24. FUNERAL DIRECTOR <b>Clinkingbeard, Gainesville, Mo</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>1-9-60</b>	26. REGISTRAR'S SIGNATURE <b>Thana Mahan</b>		

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 *John R. Carey*

Licensed Embalmer No. 4885

P. O. Address Camerville

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.