

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-005441

FILED VS FEB 29 1960

Registration District No. 5-8

Primary Registration District No. 5212

STATE FILE NUMBER

Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>CARTER 0180</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CARTER TWP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Van Buren 0180</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence 90</u>		Length of stay in 1b <u>33 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>GEN Delivery</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CECIL</u> Middle <u>CLEOPHAS</u> Last <u>ELLIS</u>			4. DATE OF DEATH Month <u>2</u> Day <u>21</u> Year <u>1960</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 1 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-4-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u> IF UNDER 24 HRS Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Dubois, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>SARAH Hubbs</u>	14. NAME OF HUSBAND OR WIFE <u>ROSIE ELLIS</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-09-7667</u>	17. INFORMANT <u>ROSIE ELLIS, Van Buren, MO</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute circulatory failure</u>			INTERVAL BETWEEN ONSET AND DEATH/ <u>30 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis & chronic myocarditis</u>			<u>8 years</u>
DUE TO (c) <u>4221</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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 <u>3-12-58</u> to <u>2-21-60</u> and last saw ^{her} him alive on <u>2-20-60</u> Death occurred at <u>5:50 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank J. Puzanski, D.O.</u> (Degree or title)		22b. ADDRESS <u>Van Buren, MO</u>	22c. DATE SIGNED <u>2-22-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-23-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VAN BUREN CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>VAN BUREN, MISSOURI</u>
24. FUNERAL DIRECTOR <u>Mrs Spadden FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>Van Buren, MO Feb. 24-60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
Every abnormal nomenclature in item 18. No symptoms will be listed.

S. 300
v. 1-57

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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 Donald Sloan, Student Embalmer No. 606 working under my personal supervision.

Student Donald Sloan
Signature of Student Embalmer

Signed Allen C. McFadden

Licensed Embalmer No. 4543

P. O. Address. Van Buren, Mo.

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.