

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014032

FILED VS MAY 2 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 112

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b <u>2 das</u>	c. CITY OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>915 N. Florence St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Sherman</u> Middle <u>Nelson</u> Last <u>Ellsworth</u>			4. DATE OF DEATH Month <u>April</u> Day <u>22</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/15/1899</u>	9. AGE (last birthday) <u>91</u>	
				IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner</u>		11. BIRTHPLACE (City and state or country) <u>Eldora, Iowa</u>		
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Chauncey Ellsworth</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Woods</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Wadley</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.		17. INFORMANT Address <u>Mrs. Leona Ellsworth, Kirksville, Mo.</u>		
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>TERMINAL AZOTEMIA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>	
DUE TO (b) <u>ARTEROSCLEROTIC HEART DISEASE</u>						
DUE TO (c) <u>AND AURICULAR FIBRILLATION</u>					<u>UNKNOWN</u>	
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 checked="" 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.) <u>FELL AND FRACTURED RT. HIP</u>			
20c. TIME OF INJURY Hour <u>2</u> a.m. / p.m. Month, Day, Year <u>4-21-60</u>		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.) <u>HOME</u>	20f. CITY, TOWN, OR LOCATION <u>KIRKSVILLE</u>		
			COUNTY <u>ADAIR</u>	STATE <u>MO</u>		
21. I attended the deceased from <u>4-21-60</u> to <u>4-22-60</u> and last saw him alive on <u>4-22-60</u> Death occurred at <u>12:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Paul Laughlin J. Do</u> (Degree or title)			22b. ADDRESS <u>Kirksville, Mo.</u>		22c. DATE SIGNED <u>4-23-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/24/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Novinger Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Novinger, Mo.</u>	
24. FUNERAL DIRECTOR <u>Paul R. Riley</u> ADDRESS <u>Kirksville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-25-1960</u>		26. REGISTRAR'S SIGNATURE <u>Norris W. Ratliff</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EARL LAUGHLIN, JR. D.D.

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

George W. Davall

Licensed Embalmer No. 479

P. O. Address Kupuk

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.