

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018316

FILED VS MAY 23 1960 38

Registration District No. Primary Registration District No. 3006 Registrar's No. 293

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Length of stay in 1b <b>6 days</b>		c. CITY OR TOWN <b>Centralia</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>M.U. Medical Center</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>431 S. Rollins</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Elsie</b> Middle <b>Ancell</b> Last <b>Ancell</b>				4. DATE OF DEATH Month <b>5</b> Day <b>14</b> Year <b>60</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</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>1-6-02</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>14</b>		IF UNDER 24 HR Hours <b>60</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Maker</b>		11. BIRTHPLACE (City and state or country) <b>Harrisburg, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	
13a. FATHER'S NAME <b>James Goslin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lou Phillippe</b>		13c. NAME OF HUSBAND OR WIFE <b>Chester Ancell</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.		17. INFORMANT Address <b>Mrs W.F. Goslin, Hallsville, Mo.</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>Myocardial Infarction</b> DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Myxedema</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <b>5</b> a.m. <b>3</b> p.m. Month, Day, Year <b>5-8-60</b>		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.) <b>Columbia</b>		20f. CITY, TOWN, OR LOCATION <b>Boone</b>		COUNTY <b>Mo.</b>		STATE	
21. I attended the deceased from <b>5-8-60</b> to <b>5-14-60</b> and last saw her/him alive on <b>5-14-60</b> Death occurred at <b>10 55</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Robert E. Stufflebeam MD</b>				22b. ADDRESS <b>Univ. of Mo. Med. Center</b>		22c. DATE SIGNED <b>5-14-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>May 17-1960</b>		23b. DATE <b>May 17-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Locust Grove Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>South West of Stanger, Mo.</b>	
24. FUNERAL DIRECTOR <b>Bessie J. Nelson Centralia, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>May 16, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 27 1960

STATEMENT BY LICENSED EMBALMER

0981 7 8 1960

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 Bill J. Meadows.

Licensed Embalmer No. 4876

P. O. Address Centerville, Mo.

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