

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022084

FILED VS JUN 7 1960

360

3076

115

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cedar</i>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Nevada</i>		c. CITY OR TOWN <i>El Dorado Springs</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Nevada City Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>116 W. Martin</i>	

3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>Perry</i> Last <i>Ellis</i>	4. DATE OF DEATH Month <i>June</i> Day <i>2</i> Year <i>1960</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-19-1874</i>	9. AGE (last birthday) <i>86</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (City and state or country) <i>Vernon Co., Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>William B. Ellis</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Bacon</i>	14. NAME OF HUSBAND OR WIFE <i>Ermal Flagg Ellis</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>487-38-7632</i>	17. INFORMANT <i>Ermal Ellis, ElDorado Spcs., Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i>	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary Occlusion</i>	
DUE TO (c) <i>Coronary arteriosclerosis</i>	

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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month _____ Day _____ Year _____
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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 <i>El Dorado Spring, Missouri</i>	COUNTY _____ STATE _____
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21. I attended the deceased from <i>5-9-60</i> to <i>6-2-60</i> and last saw ^{her} him alive on <i>6-2-60</i> Death occurred at <i>6:25</i> p. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert L. Meyer M.D.</i>	(Degree or title)	22b. ADDRESS <i>El Dorado Spring, Missouri</i>	22c. DATE SIGNED <i>6-4-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6-5-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Vernon Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Vernon Co., Missouri</i>
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24. FUNERAL DIRECTOR <i>Gwinn-Carothers, ElDorado Spcs. Mo.</i>	ADDRESS: _____	25. DATE RECD. BY LOCAL REG. <i>6-4-1960</i>	26. REGISTRAR'S SIGNATURE <i>Ermal Flagg</i>
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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 Max W. Sisker

Licensed Embalmer No. 4696

P. O. Address El Dorado

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.