Health, & Welfare Public Service

S. 300
1-57

FILED VS AUG 26 1960

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

60-029556
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Monett — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Vincent Hosp. — Length of stay in 1b: 68 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lawrence
c. CITY OR TOWN: Monett — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1200 Central Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ALTA Middle: Last: ELLIS

4. DATE OF DEATH: Month August Day 16 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Jan. 29, 1884
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Hackett City, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Marion W. Christopher
13b. MOTHER'S MAIDEN NAME: Selina Ann Barrett
14. NAME OF HUSBAND OR WIFE: Frank Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Frank Ellis Address: 1200 Central Monett, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hemorrhage Varicosi esophagus — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4621H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Radical Mastectomy R breast for Cancer 8-10-60

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 ~~Treat~~ 6-10-45 to 8-16-60 and last saw her him alive on 8-16-60
Death occurred at 8:06 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank Ken (Degree or title): M.D.
22b. ADDRESS: Monett, Mo.
22c. DATE SIGNED: 8/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/19/60
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
23d. LOCATION (City, town, or county) (State): Monett, Mo.

24. FUNERAL DIRECTOR: J. D. Buchanan ADDRESS: Monett, Mo.
25. DATE RECD. BY LOCAL REG.: 8-19-60
26. REGISTRAR'S SIGNATURE: Mrs P. N. Cook

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.