

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034296

FILED VS. OCT 10 1960

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 77

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem</u>		Length of stay in 1b <u>Years</u>		c. CITY OR TOWN <u>Salem</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>E. 3rd Street</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>E. 4th Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>JEAN</u> Middle <u>ROBERT</u> Last <u>ELLIS</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>30</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>3/17/1917</u>		9. AGE (last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Municipal Water Dept.</u>		11. BIRTHPLACE (City and state or country) <u>Texas County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>						
13a. FATHER'S NAME <u>John J. Ellis</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Brummett</u>			13c. NAME OF HUSBAND OR WIFE <u>-----</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>333-03-5944</u>		17. INFORMANT <u>Arthur Ellis</u>		Address <u>Salem, Missouri</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>Suffocation due to an accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.] DUE TO (b) _____ DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH (Jury Verdict)			
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>ditch wall caved in trapping party</u>									
20c. TIME OF INJURY Hour <u> </u> a.m. <u>9</u> Month, Day, Year <u>30-60</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Street</u>		20f. CITY, TOWN, OR LOCATION <u>Salem</u>		COUNTY <u>Dent</u>		STATE <u>Mo</u>			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>10:15</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Dr. Hayden B. Powell, M.D.</u> (Degree, or title)						22b. ADDRESS <u>Salem, Mo.</u>			22c. DATE SIGNED <u>10-1-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>10/3/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Salem Missouri</u>							
24. FUNERAL DIRECTOR <u>Max L. Weyer</u> ADDRESS <u>Salem, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10/1/60</u>		26. REGISTRAR'S SIGNATURE <u>M. M. Ward, M.D.</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 0 T 100

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 James E. Kurtright Student Embalmer No. 61

working under my personal supervision.

Student James E. Kurtright
Signature of Student Embalmer

Signed Max L. Waupel

Licensed Embalmer No. 470

P. O. Address Salem

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.