

MI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-038863

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 100

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington	Length of stay in 1b 10 yr.	c. CITY OR TOWN Lexington	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 912 Main St.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10 Ussery Dr.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JAMES ROBERT ELLMAKER	4. DATE OF DEATH Month Day Year October 27 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH October 13, 1920	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.	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) Farmer & Service Station Operator	10b. KIND OF BUSINESS OR INDUSTRY Station Operator	11. BIRTHPLACE (City and state or country) Alma, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Frank Ellmaker	13b. MOTHER'S MAIDEN NAME Lydia Uphaus	14. NAME OF HUSBAND OR WIFE Merrie Dean Ellmaker
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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) No	16. SOCIAL SECURITY NO. 500-03-4472	17. INFORMANT Address Mrs. Robert Ellmaker Lexington, Mo.
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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>Asphyxiated by a very wide</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>spend sup catamans employment</i> <i>due to fractured lung & rent in the</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fluora when crushed between the door</i> <i>and center of a gas car</i>		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.) <i>Attempting to stop a car rolling down hill</i>
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20c. TIME OF INJURY Hour Month, Day, Year 10:40 a.m. 10/27/60	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <i>Lexington Lafayette MO</i>	20e. CITY, TOWN OR LOCATION Lexington Lafayette Mo.
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21. I attended the deceased from <i>after death 10-27-60</i> and last saw him live on <i>never</i>	Death occurred at <i>10:40 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>M. Martin</i> (Degree or title) M.D.	22b. ADDRESS Odessa, Mo.	22c. DATE SIGNED 10/27/60
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23a. BURIAL, CREMATION, REMOVAL, (Specify) BURIAL	23b. DATE 10-29-60	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) Lexington, MO
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24. FUNERAL DIRECTOR WALKER	ADDRESS Lex. Mo	25. DATE RECD. BY LOCAL REG. 10-30-60	26. REGISTRAR'S SIGNATURE <i>Memoria E. Eastlake</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 15 1960

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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 Harold L. Walker

Licensed Embalmer No. 458

P. O. Address Lexington

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.