

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 17 1961

-61-002399

STATE FILE NUMBER

AMENDED

Registration District No. 251 Primary Registration District No. — Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Elmo (Rt KK)</u>			Length of stay in 1b		c. CITY OR TOWN <u>Elmo, Mo (Rural)</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway Accident</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lora May Ellison</u>				4. DATE OF DEATH Month Day Year <u>January 10 1961</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/7/1910</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Rural Elmo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>Lewis Sloan</u>			13b. MOTHER'S MAIDEN NAME <u>Henrietta Baker</u>			14. NAME OF HUSBAND OR WIFE <u>Ray Ellison</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.		17. INFORMANT Address <u>Ray Ellison, Elmo, 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>Brain laceration severe</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
DUE TO (b) <u>Compound skull fracture</u>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but <u>not</u> related to the terminal disease condition given in PART I (a) <u>Internal injuries</u>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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>Car in which she was riding</u>				
20c. TIME OF INJURY Hour a.m. p.m. <u>—</u>	Month, Day, Year <u>—</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <u>Nodaway Co. H. KK</u>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Elmo</u>	20f. CITY, TOWN, OR LOCATION <u>Elmo</u>		COUNTY STATE <u>Nodaway MO.</u>				
21. I attended the deceased from <u>2:05</u> to <u>9</u> and last saw her/him alive on <u>—</u> Death occurred at <u>2:05</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>B. F. Gylard M.D.</u> (Degree or title)				22b. ADDRESS <u>Marionville MO</u>		22c. DATE SIGNED <u>1/12/61</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/13/61</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Ohio Cemetery</u>		23d. LOCATION (City, town, or county) <u>Burlington Jct Mo</u>		
24. EMBALMER DIRECTOR <u>B. R. Hann Burlington Jct Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>1-12-61</u>	26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>		

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Main

Licensed Embalmer No. 2968

P. O. Address Burl. Jct 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.

