SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 165 -61-016887 STATE FILE NUMBER

FILED JUN 6 1961

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo. Length of stay in 1b 4-30 To 5-27
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas. E. Still Hosp. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Callaway
c. CITY OR TOWN McKane Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First James Middle Harry Last Elley
4. DATE OF DEATH Month May Day 27 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-1-1892
9. AGE (last birthday) 69 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) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and state or country) Callaway County
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME James Elley
13b. MOTHER'S MAIDEN NAME Salley Mosley
14. NAME OF HUSBAND OR WIFE Mary Elley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Elley Address McKane, 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) Congestive heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Coronary insuf.
DUE TO (c) Old myocardial infarction
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 5-3-61 to 5-27-61 and last saw her/him alive on 5-27-61
Death occurred at 10.50 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A Dale Attebury D.O.
22b. ADDRESS Jefferson City Mo
22c. DATE SIGNED 5-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 29 May 1961
23c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Gardens
23d. LOCATION (City, town, or county) (State) Fulton, Mo.

24. FUNERAL DIRECTOR Maupin Funeral Home ADDRESS Fulton, Mo.
25. DATE RECD. BY LOCAL REG. 27 May 1961
26. REGISTRAR'S SIGNATURE P P Harris MD R Richter Reg

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

JUN 14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gene C. Maupin

Licensed Embalmer No. 5092

P.O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.