

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-017007

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 127

STATE FILE NUMBER

FILED MAY 22 1961

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u> | | Length of stay in 1b <u>3 wks</u> | c. CITY OR TOWN <u>St. Clair</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>St. Francis Hospital</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Highway #47</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Charlotte Ellison</u> | | | 4. DATE OF DEATH Month Day Year <u>May 15, 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>Nov. 6, 1880</u> |
| 9. AGE (last birthday) <u>80</u> | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR 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>St. Clair, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Frank Doud</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Ellen Baker</u> | | 14. NAME OF HUSBAND OR WIFE <u>John 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. <u>None</u> | 17. INFORMANT Address <u>Jennie Patterson Lonedell, Mo.</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>MASIVE THROMBOSIS IN INF. VENACAVA</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>48h.</u> |
| DUE TO (b) <u>SURGERY 3 WKS AGO FOR STRANGULATED HERNIA - SMALL BOWEL OBSTRUCTION - WAS PROGRESSING NICELY</u> | | | |
| DUE TO (c) <u>ARTERIOSCLEROSIS GANGLIA</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROSIS GANGLIA</u> | | | 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 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input 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.) | | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>4-22-61</u> to <u>DEATH</u> and last saw her <u>alive</u> on <u>5-14-61</u> Death occurred at <u>1:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John F. Pearl, M.D.</u> | | 22b. ADDRESS <u>St. Clair, Mo</u> | 22c. DATE SIGNED <u>5-15-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>5/17/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Prospect Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Lonedell, Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Casey Lenox St. Clair, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>5/17/61</u> | 26. REGISTRAR'S SIGNATURE <u>Loth B. Hilmann</u> |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 H. M. Seney, Jr.

Licensed Embalmer No. 5090

P. O. Address St. Clair

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.