MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-005429
STATE FILE NUMBER

AMENDED

Registration District No. 15 Primary Registration District No. 5071 Registrar's No. 18

FILED MAR 6 1962

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nashville
Length of stay in this place: 70 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City of Nashville
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN: Nashville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): none
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Cora Middle: Jane Last: Ellerman
4. DATE OF DEATH: Month: Feb. Day: 26, Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-25-1884
9. AGE (last birthday): 77
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Jacksonville, Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: John Flaker
13b. MOTHER'S MAIDEN NAME: Catherine Crabtree
14. NAME OF HUSBAND OR WIFE: James Ellerman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Sam Flaker, Address: Pittsburg, Kans. R#4

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): Lobar Pneumonia
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:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility Arthritis
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 2/26/62 to 2/26/62 and last saw her/him alive on 2/26/62
Death occurred at 8/30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): A. G. Eddlemon MD
22b. ADDRESS: Liberal Mo.
22c. DATE SIGNED: 3/1/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-1-62
23c. NAME OF CEMETERY OR CREMATORY: Nashville Cemetery
23d. LOCATION (City, town, or county) (State): Barton County, Mo.
24. FUNERAL DIRECTOR: Martin Selvey ADDRESS: Martin Selvey, Jasper, Mo.
25. DATE RECD. BY LOCAL REG.: 3-3-1962
26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

MAY 29 1962

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 George W Newcomb

Licensed Embalmer No. 4671

P. O. Address Lockwood, 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.