

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039886  
STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4436 Registrar's No. 50

**FILED OCT 24 1962**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10930  
20930  
3  
4 1  
5 2  
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7 0  
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9540.0  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF W.H. ELLETT M.D.

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>ST. CHAIR</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CHAIR</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		Length of stay in lb <u>10 da.</u>	c. CITY OR TOWN <u>Taberville Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELLETT M. Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)  Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>RLTA MAE EVANS</u>			4. DATE OF DEATH <u>Oct. 15 - 1962</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>ARR 20 81</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>TINA, Mo.</u>	
13a. FATHER'S NAME <u>Wm H. Holliday</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha ANN Hoover</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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. <u>no.</u>		17. INFORMANT <u>MRS PAUL GARRISON ROCKVILLE 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>Ventricular fibrillation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>few min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Wound of gastric ulcer 14 Oct 62</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 checked="" 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>1955</u> to <u>15 Oct 62</u> and last saw her alive on <u>15 Oct 62</u> Death occurred at <u>3:15 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>W.H. Ellett M.D.</u> (Name or title)			22b. ADDRESS <u>Appleton City, Mo</u>		22c. DATE SIGNED <u>15 Oct 62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-17-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>		23d. LOCATION (City, town, or county) (State) <u>Osceola, Mo.</u>	
24. FUNERAL DIRECTOR <u>Osceola Funeral Home</u>		ADDRESS <u>Appleton City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 16, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Paul Abney</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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 Oscar Eelhoff

Licensed Embalmer No. 3942

P. O. Address Oppean City 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.