

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043133

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 209

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 26 1962

VS 300
Rev. 4/59

10497
20490

3
4 1
5 2
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7 0
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94222
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1286-2
133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b 2 Months	c. CITY OR TOWN Cartersville, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maryetta's Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 508 N. Washington Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Josephine Middle "Josie" Last Ellis		4. DATE OF DEATH Month November Day 10 , Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/26/1884
9. AGE (last birthday) 78yrs		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Dade County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Jernigan	
13b. MOTHER'S MAIDEN NAME Sarah Ann Lewis		14. NAME OF HUSBAND OR WIFE James Franklin Ellis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs Ilene Lucas Ozark, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH few min.
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 9-15-62 to 11-10-62 and last saw her/him alive on 9-15-62 Death occurred at 6:49 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J.M. Ponce</i> (Degree or title) D.O.		22b. ADDRESS Cartersville, Mo	22c. DATE SIGNED 11-10-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/13/62	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) (State) Mo Donald County, Mo.
24. FUNERAL DIRECTOR Hedge Lewis	ADDRESS Webb City, Mo	25. DATE RECD. BY LOCAL REG. 11-12-62	26. REGISTRAR'S SIGNATURE <i>W. J. Clifton</i>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 27 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 Richard H. Lewis

Licensed Embalmer No. 4493

P. O. Address Webb 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.