

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049405

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 3

FILED JAN 23 1968

VS 300
Rev. 4/59

1 0220
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ozark		Length of stay in 1b 1 years	c. CITY OR TOWN Kissee Mills
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Co. Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) rural
3. NAME OF DECEASED (Type or print) First Middle Last BENJAMIN THOMAS ELLISON		4. DATE OF DEATH Month Day Year Dec. 24, 1962	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/19/1875
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months 10 Days 3	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY Stock Farmer	11. BIRTHPLACE (City and state or country) Hollister, Mo
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Marion Ellison	
13b. MOTHER'S MAIDEN NAME Catherine Page		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs Edna Williams Taneyville, 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) C.V.A. Thrombosis, spurt, left middle cerebral artery			INTERVAL BETWEEN ONSET AND DEATH 14 days
DUE TO (b) arteriosclerosis			you?
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis heart disease arterial fibrillation former deep vein thrombosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 11 Nov/62 to 24 Dec/62 and last saw him alive on 14 Dec/62 Death occurred at 11 25 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. Roper MD		22b. ADDRESS Ozark, Mo	22c. DATE SIGNED (State) 11 Jan/63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/27/1962	23c. NAME OF CEMETERY OR CREMATORY Kissee Mills	23d. LOCATION (City, town, or county) Kissee Mills, Mo
24. FUNERAL DIRECTOR ADDRESS Walter Cobb Branson, Mo		25. DATE RECD. BY LOCAL REG. Jan. 17, 1963	26. REGISTRAR'S SIGNATURE Mary Kaufman

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 Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Beaumont 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.

Permit obtained, Dec. 24, 1962.

W.A.K.