

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006002

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2nd Registrar's No. 276

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 4 1963

VS 300 Rev. 4/59
1 0997
2 0397
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11 133
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		Length of stay in 1b <u>26 years</u>	c. CITY OR TOWN <u>Springfield</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Burge Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2216 Boonville</u>
3. NAME OF DECEASED (Type or print) First <u>RONNA</u> Middle <u>JO</u> Last <u>ELLIS</u>			4. DATE OF DEATH Month <u>February</u> Day <u>20</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec 16, 1934</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lily-Tulip Cup Corp</u>		11. BIRTHPLACE (City and state or country) <u>Plate, Missouri</u>	9. AGE (last birthday) <u>28</u>
13a. FATHER'S NAME <u>Ronald Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Dowden</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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>9</u>	17. INFORMANT <u>2216 Ronald Webb, Springfield, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <u>Probable Head and neck injuries</u>			INTERVAL BETWEEN ONSET AND DEATH
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)			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 checked="" 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.) <u>She was driver of one car involved in</u>	
20c. TIME OF DEATH <u>approx. 6:30 P.M.</u>	Hour <u>2</u> Month <u>2/20</u> Day <u>63</u> 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.) <u>City street</u>		20f. CITY, TOWN, OR LOCATION <u>Springfield</u>	COUNTY <u>Greene</u> STATE <u>Missouri</u>
21. I attended the deceased from _____, to _____ and last saw him alive on _____. Death occurred at <u>approx. 7:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ralph Plume</u> (Degree or title) <u>Greene County Coroner</u>		22b. ADDRESS <u>Springfield, Missouri</u>	22c. DATE SIGNED <u>2/22/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb 23, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
24. FUNERAL DIRECTOR <u>Jewell E. Windle, Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-1-63</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Meeter</u>

USE BLACK INK OR TYPEWRITER RIBBON

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Serial R-21-63

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

Bernard F. Wright

Licensed Embalmer No. 4393

P. O. Address Springfield, 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.