

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001298

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 41

DO NOT WRITE ON THIS STUB AMENDED

FILED FEB 11 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Windsor</u> Length of stay in 1b OR TOWN <u>21 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Windsor</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS <u>107 W. Colt St.,</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First <u>LILLIE</u> Middle <u>C.</u> Last <u>ELLIS</u></p>	
<p>4. DATE OF DEATH Month <u>January</u> Day <u>29</u> Year <u>1963</u></p>	
<p>5. SEX <u>F</u></p>	<p>6. COLOR OR RACE <u>W</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>12-12-'71</u></p>
<p>9. AGE (last birthday) <u>91</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u></p>	<p>10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Benton County, Mo.</u></p>	
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>	
<p>13a. FATHER'S NAME <u>Melvin Ellis</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Mary Wilson</u></p>
<p>14. NAME OF HUSBAND OR WIFE</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)</p>	<p>16. SOCIAL SECURITY NO. <u>none</u></p>
<p>17. INFORMANT Address <u>Otis Ellis, Windsor, Mo.</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Circulatory Collapse</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u></p> <p style="text-align: center;">DUE TO (b) <u>Myocardial infarction</u> <u>7 days</u></p> <p style="text-align: center;">DUE TO (c) <u>Coronary Occlusion</u> <u>7 days</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. p.m.</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>1-22-63</u>, to <u>1-29-63</u> and last saw her/him alive on <u>1-29-63</u>. Death occurred at <u>9:27 a.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>William J. Smith M.D.</u></p>	<p>22b. ADDRESS <u>103 W. Colt Windsor, Mo.</u></p>
<p>22c. DATE SIGNED <u>1-30-63</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u></p>	<p>23b. DATE <u>1-31-1963</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) (State) <u>Windsor, Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Ellis M. Huston, Windsor, Mo.</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>Feb 5- 1963</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>	

VS 300 Rev. 4/59

1 0421

2 0421

3

4 1

5 0

6

7 0

8 2

9 420.1

10

11

12 3-0

13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ellen Hinton

Licensed Embalmer No. 3391

P. O. Address Windsor 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.