

FILED MAY 5 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

CERTIFICATE OF DEATH

69-015546
137

Registration District No. 139 Primary Registration District No. 3023 Registrar's No. 137

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

9. 0
10a. 80
10b. 02
11. 0
12. 1
13. 4339
14.
15. 4
16.
17.
18. 2
19. CREDITS
20.

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. ERVIN C. Ansell					Male	April 28, 1969			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH		
4. White		5a. 80	5b. MOS. DAYS	5c. HOURS MIN.	May 6, 1888		7a. HENRY		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7b. Clinton		7c. Yes		7d. Wetzel Osteopathic Hospital					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
Missouri		9. U.S.A.		10. Married		11. Nettie Ansell			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY					
12. 498-26-8668		13a. Real Estate		13b. Real estate sales					
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER			
14a. Missouri		14b. Henry	14c. Clinton		14d. Yes	14e. 1003 No. 2nd.			
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. Edward Ansell						16. Angeline Cheek			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Nettie Ansell				17b. 1003 No. 2nd. Clinton, Missouri					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
18. IMMEDIATE CAUSE									
(a) Myelodurary polypsi						acute			
DUE TO, OR AS A CONSEQUENCE OF:									
(b) Central vascular thrombosis						7 hours			
DUE TO, OR AS A CONSEQUENCE OF:									
(c) Central atherosclerosis						year			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH					
2nd Degree A V Heart Block		18a. NO		18b.					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)						
20a. NO	20b. NO	20c. NO	20d. No						
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)							
20e.	20f.	20g.							
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. ATTENDED THE DECEASED FROM	2	69	4-28-69	21b.	4-28-69	21c.	4-28-69	21d. did	21e. 7:10 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		YEAR		HOUR	
22a.		M. 22b. 4-28-69		YEAR		7:10 P.M.			
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. James C. Clouse				23b. James C. Clouse MD		23c. 4/29/69			
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23d.				105 E. Ohio		Clinton		Mo 64735	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION				
24a. Burial		24b. Englewood			24c. Clinton, Missouri				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
24d. May 1, 1969		24e. R.F. Nichols Chapels, Box 428 Clinton, Mo.							
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25b. R.F. Nichols				25a. Mildred Bigum		25c. May 1, 1969			

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 *P. E. Nichols*

Licensed Embalmer No. 4999

P. O. Address Clinton, Md.

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.