

FILED SEP 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29313

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 11011 Registrar's No. _____

0030

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ATCHISON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ATCHISON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WATSON		c. LENGTH OF STAY (in this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WATSON 1030		d. STREET ADDRESS (If rural, give location) NONE
d. FULL NAME OF HOSPITAL OR INSTITUTION: NONE					
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HENRY c. (Last) ELLISON			4. DATE OF DEATH (Month) (Day) (Year) 9 - 18 - 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-26-1890	9. AGE (In years last birthday) 60	if UNDER 1 YEAR Months 2 Days 22 Hours Mins.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) LABORER-TRUCKER FARMING		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING	11. BIRTHPLACE (State or foreign country) WATSON MO.		12. CITIZEN OF WHAT COUNTRY? AM.
13a. FATHER'S NAME CHAS. ELLISON		13b. MOTHER'S MAIDEN NAME MARY MILLER	14. NAME OF HUSBAND OR WIFE LAURA ELLISON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <input checked="" type="checkbox"/> NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Laura Ellison Watson MS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA Poison - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right to disease Diabetes - DUE TO (c) Present Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Organic heart disease				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 HX
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WATSON MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 			
22. I hereby certify that I attended the deceased from Jan 1 - , 1950, to Sept 18 , 1950, that I last saw the deceased alive on Sept 18 , 1950, and that death occurred at 3 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. A. Gray DM. D.			23b. ADDRESS Watson		23c. DATE SIGNED Sept. 19/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-21-50	24c. NAME OF CEMETERY OR CREMATORY HIGH CREEK	24d. LOCATION (City, town, or county) (State) WATSON MO.		
DATE REC'D BY LOCAL REG. Sept. 19/50	REGISTRAR'S SIGNATURE J. A. Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bartholomew Workman Redfoot Mo.		

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.

Signed Gutz Barchatow

Signed.....
Student Embalmer

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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 this body is not embalmed, fact should be so stated above.