

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40247**

EMD DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. **5101** PRIMARY REG. DIST. NO. **5393** Registrar's No. **66**

1340

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R, Benton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural, Benton 1340	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Achellis Morris Ellison	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 11-8-50
---	------------	-------------	-----------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-27-64	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 Min.
--------------------	-------------------------------	--	------------------------------------	---	---------------------------	-------------------------	---------------------------	-----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harmining	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Ava, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	--

13a. FATHER'S NAME A. M. Ellison	13b. MOTHER'S MAIDEN NAME Francis	14. NAME OF HUSBAND OR WIFE L
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Homer Haskley	ADDRESS Ava, Mo.
---	-------------------------------------	--	----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **10-24, 1949**, to **11-8, 1950**, that I last saw the deceased alive on **10-24, 1950**, and that death occurred at **3:20A** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. C. P. Haskley, D.O.	23b. ADDRESS Ava, Mo.	23c. DATE SIGNED 11-10-50
--	---------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-11-50	24c. NAME OF CEMETERY OR CREMATORY Ava,	24d. LOCATION (City, town, or county) (State) Ava, Missouri
--	------------------------------	---	---

DATE REC'D BY LOCAL REG. 12-9-50	REGISTRAR'S SIGNATURE Ustul Buchman 84	25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home, Ava, Mo.	ADDRESS
--	---	---	---------

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 12 1950

Dist. File 1250-2503

Date Filed 12-20-50

NOV 24 1950

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

Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Over, 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.