

STANDARD CERTIFICATE OF DEATH

State File No. **24271**

1952 AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **14**

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE Mo b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Craghton Mo 8190	
c. LENGTH OF STAY (If this place) 4 day		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General			

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) Gene c. (Last) Ellison			4. DATE OF DEATH (Month) (Day) (Year) July 30 1952		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 9 1899		9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 7 Days 8 Hours 21 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY ✓			11. BIRTHPLACE (State or foreign country) Iowa			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Benjamin Franklin Ward			13b. MOTHER'S MAIDEN NAME Mary Coleman			14. NAME OF HUSBAND OR WIFE James H. Ellison		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-07-9251		17. INFORMANT'S SIGNATURE OR NAME James H. Ellison, Craghton, Mo.				ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION						INTERVAL BETWEEN ONSET AND DEATH 4 DAYS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ASCLEMA							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. POLYCYTHEMIA VERA						1 MO.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 26 JULY, 1952, to 30 JULY, 1952, that I last saw the deceased alive on 30 JULY, 1952, and that death occurred at 9 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B. Walker, MD			23b. ADDRESS Clinton, Mo.			23c. DATE SIGNED: 30 July 1952		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-1-1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
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DATE REC'D BY LOCAL REG. Aug-2-52		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Adair Hobart Arnold		ADDRESS Craghton Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1957

AUG 6 1957

SUL 17 1957

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.....

Irvin R. Arnold

working under my personal supervision.

Student Embalmer No.....*460*.....

Signed, *Irvin R. Arnold*
Student Embalmer

Signed *Hobert Arnold*

Licensed Embalmer No. *3621*

P. O. Address *Crestlton 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.