

STANDARD CERTIFICATE OF DEATH

State File No. **4522**
 Registrar's No. **206**

BIRTH **NO. FEB 23 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2002**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1338 E. Thoman	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1338 E. Thoman		e. STREET ADDRESS (If rural, give location) 1338 E. Thoman	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Gilbert c. (Last) Ellison			4. DATE OF DEATH (Month) (Day) (Year) Feb 19, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 5, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days 63 96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James A. Ellison	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Widowed
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Ruth Ellison	ADDRESS Springfield, Missouri
--	---	---	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks
	b. arteriosclerosis		
	c. arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Springfield, MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 28, 1954, to Feb 19, 1954, that I last saw the deceased alive on Feb. 8, 1954, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 2-19-54
---	---	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-22-54	24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) BOLIVAR, MO.
---	------------------------------------	--	---

DATE REC'D BY LOCAL REG. 2-20-54	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Springfield, Mo.
---	--	---	---

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

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

Max P. Rhodes

Licensed Embalmer No. _____

4071

P. O. Address _____

Springfield

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.