

FILED APR 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9600

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Wisconsin</u> b. COUNTY <u>Winnebago</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEBANON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WADSWORTH</u>	
c. LENGTH OF STAY (in this place) <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>N/A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u> b. (Middle) <u>Calvin</u> c. (Last) <u>Ellis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Cauc</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>7 Sep 1934</u>		9. AGE (In years last birthday) <u>21</u>		10. IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
11. BIRTHPLACE (State or foreign country) <u>Waukau Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U S Army</u>		11. BIRTHPLACE (State or foreign country) <u>Waukau Wisconsin</u>	

13a. FATHER'S NAME <u>Calvin Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Esther Mae (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Conley</u>	
15. (If yes, give war or dates of service) <u>5 Jan 54</u>		16. (If yes, give war or dates of service)		17. ADDRESS <u>AOD Ft Leonard Wood Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Laceration right lung & Liver</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple rib fracture right chest</u>			
		DUE TO (c) <u>Laceration & subarachnoid hemorrhage of brain and basal skull fracture</u>			
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laclede Winnebago Missouri</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 24 56 2:20</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>One car auto accident cause unknown</u>	
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22. I hereby certify that I attended the deceased from Mar 24 1956 to Mar 24 1956, and that death occurred at 2:55 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Anthony DeLeo</u>		23b. ADDRESS (Degree or title) <u>P. U. S Army Hosp Ft Wood Mo</u>		23c. DATE SIGNED <u>Mar 25 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 26 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	
24d. LOCATION (City, town, or county) (State) <u>Omro Wisconsin</u>					

DATE REC'D BY LOCAL REG. <u>3-26-1956</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Billy J. Hedger</u>	
				ADDRESS <u>CROCKER MO</u>	

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

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Received 4-2-56
Laclede County Health Unit
File No. 50
Date Filed 4-2-56

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 Clarence J. Moss

Licensed Embalmer No. 4896

P. O. Address Weyersville, Pa.

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.