

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15470

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 104	
1. PLACE OF DEATH a. COUNTY AUDRAIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN			
b. CITY OR TOWN MEXICO, MISSOURI		c. LENGTH OF STAY (in this place) 6 DAYS		c. CITY OR TOWN LADDONIA		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN HOSPITAL				e. STREET ADDRESS 9 miles southeast of Laddonia			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) WILLIAM c. (Last) ELLIS			4. DATE OF DEATH (Month) (Day) (Year) 6 5 1956				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-28-1898		9. AGE (In years last birthday) 57	10. IF UNDER 1 YEAR Days 8	11. IF UNDER 24 HRS. Hours 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) THOMPSON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME OCTAVE ELLIS		13b. MOTHER'S MAIDEN NAME FRANCIS CANTABURCH		14. NAME OF HUSBAND OR WIFE ESSIE ELLIS			
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 ESSIE ELLIS		ADDRESS LADDONIA, 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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 30 min. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Embolism 30 min. DUE TO (c) Coronary Artery Disease 1 year. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 8 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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)			
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 6-1, 1956, to 6-5, 1956, that I last saw the deceased alive on 6-5, 1956, and that death occurred at 3:10 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H.O. Swan M.D.				23b. ADDRESS Mexico, Mo		23c. DATE SIGNED 6-6-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-7-1956	24c. NAME OF CEMETERY OR CREMATORY EAST LAWN MEMORIAL PARK		24d. LOCATION (City, town, or county) MEXICO, MISSOURI		24e. (State)
DATE REC'D BY LOCAL REG. June 6, 1956		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE William Bernhardt		ADDRESS Laddonia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 38

P. O. Address Penn.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.