

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004612
STATE FILE NUMBER

XC-155 79 56

REG.#15297

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

212

300

1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

| | | | |
|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY BUTLER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN WILLOW SPRINGS Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL | | Length of stay in 1b 117 DAYS | d. STREET ADDRESS (If outside, give location) ROUTE THREE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JAMES Middle CHESTER Last ELLIS | | | 4. DATE OF DEATH Month FEBRUARY Day 14 Year 1958 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 1-4-94 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION | 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) FAIRPLAY, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME JAMES ELLIS | | 13b. MOTHER'S MAIDEN NAME MARTHA CATRON | 14. NAME OF HUSBAND OR WIFE ROSE ELLIS |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI | | 16. SOCIAL SECURITY NO. 5101720 | 17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION. DUE TO (b) ARTERIOSCLEROSIS. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1. DEMENTIA PARALYTICA WITHOUT PSYCHOSIS. | | | INTERVAL BETWEEN ONSET AND DEATH 24 Hours. Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from Oct. 20, 1957 to Feb. 14, 1958 Died at 2:25 AM on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) C. W. GASKINS, M.D., Chief, Surg. Svc. | | 22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO. | 22c. DATE SIGNED 2-14-58 |
| 23a. BURIAL, CREMATION, REMOVAL Removal | 23b. DATE 2-14-58 | 23c. NAME OF CEMETERY OR CREMATORY City Cem. | 23d. LOCATION (City, town, or county) (State) Willow Springs, Mo. |
| 24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo. | | 25. DATE RECD. BY LOCAL REG. 2/22/58 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

RECEIVED

FEB 24 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

FEB 28 1958

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 *Charles E. Mungler*

Licensed Embalmer No. *4877*
P. D. Address *Butler, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.