

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026162

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 141

5704
300
1-57

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Troy Nursing Home Length of stay in lb 3 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN Silex 0570 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Auburn, Mo. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last James Thomas Ellis
4. DATE OF DEATH Month Day Year May 27 1958

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Dec. 18 1879 9. AGE (In years last birthday) 78 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 5 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Auburn, Missouri 12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME John N. Ellis 13b. MOTHER'S MAIDEN NAME Elizabeth Parker 14. NAME OF HUSBAND OR WIFE None

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. no 17. INFORMANT Address Parker Ellis Silex, Missouri

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 exhaustion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerosis
DUE TO (c) 4221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221
INTERVAL BETWEEN ONSET AND DEATH 2 months
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE WORK AT WORK 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 July 7 1956 to May 27-58 and last saw him alive on May 26 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE H. L. Kelly D.O. 2 22b. ADDRESS Troy Mo 22c. DATE SIGNED July 12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-29-58 23c. NAME OF CEMETERY OR CREMATORY Mill Creek Cemetery 23d. LOCATION (City, town, or county) (State) Auburn, Missouri

24. FUNERAL DIRECTOR ADDRESS H. O. Mudd Bowling Green, Mo 25. DATE RECD. BY LOCAL REG. July 15-1958 26. REGISTRAR'S SIGNATURE Nell Schoenbein

(Licensed Embalmers' Statement on Reverse Side)

per C. Leek

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

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 James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Bowling Green

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.