

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040842
STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 131

300
1-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		c. CITY OR TOWN Diamond	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maniney Rest Home		d. STREET ADDRESS (If outside, give location) 0730	
3. NAME OF DECEASED (Type or print) First Charles Middle Wesley Last Ely		4. DATE OF DEATH Month 11 Day 10 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 13, 1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 94
11. BIRTHPLACE (City and state or country) Newton County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Israel Ely		13b. MOTHER'S MAIDEN NAME Lucinda B. Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		14. NAME OF HUSBAND OR WIFE Deceased	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Miss Grace Ely -Diamond, 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) Arterial Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) None	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE 4500	
21. I attended the deceased from 8-25-54 to 11-10-58 and last saw him alive on 11-10-58 Death occurred at 9:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dress or title) Dr. P. B. Davis, M.D.		22b. ADDRESS Neosho, Mo.	
22c. DATE SIGNED 11-12-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-13-58	23c. NAME OF CEMETERY OR CREMATORY Dice Cemetery	23d. LOCATION (City, town, or county) (State) Fairview, Missouri
24. FUNERAL DIRECTOR ADDRESS Gulver-Shewmake Funeral Home		25. DATE RECD. BY LOCAL REG. 11-19-58	26. REGISTRAR'S SIGNATURE Thomas C. Durdon

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Floyd E. Steumabed.*

Licensed Embalmer No. *4923*
P. O. Address *Grant, Mo.*

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.