

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014519
STATE FILE NUMBER

Health, Welfare
Public Service

Johnson
FILED MAY 6 1959

Registration District No. 301 Primary Registration District No. Registrar's No. 28

300
-57

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|--|-----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Ripley | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Doniphan 0910 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp | | Length of stay in lb life | d. STREET ADDRESS (If outside, give location) 203 Vine St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Be Etra Ellis | | | 4. DATE OF DEATH Month Day Year April 2, 1959 |
| 5. SEX Female | 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 JAN. 1, 1883 |
| 9a. AGE (In years last birthday) 76 | | 9b. IF UNDER 1 YEAR Months Days | 9c. IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Arlington, Kentucky |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME Thomas G. Lee | 13b. MOTHER'S MAIDEN NAME Emily Upchurch |
| 14. NAME OF HUSBAND OR WIFE Thomas E. Ellis | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None |
| 17. INFORMANT Odie Pye | | Address Doniphan, 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) Coronary Thrombosis | | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac insufficiency | | | 4 months |
| DUE TO (c) arteriosclerosis generalis | | | 4 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | | 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.) | |
| 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 January 59 to April 2, 1959 and last saw her ^{her} alive on April 2, 1959 Death occurred at 10:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Frank Johnson M.D. (Degree or title) | | 22b. ADDRESS Doniphan Mo. | 22c. DATE SIGNED 4/2/59. |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE April 5, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery | 23d. LOCATION (City, town, or country) (State) Doniphan, Missouri |
| 24. FUNERAL DIRECTOR Edwards Funeral Home, Doniphan, Mo | | 25. DATE RECD. BY LOCAL REG. May 3 - 1959 | 26. REGISTRAR'S SIGNATURE Flava Broz |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Gene Stascent*

Licensed Embalmer No. *4809*
P. O. Address *Weyler, N.J.*

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.