

FEDERAL BUREAU OF INVESTIGATION
DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020307

FILED JUN 30 1959

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 131

UNRECORDED

1. PLACE OF DEATH a. COUNTY Audrain.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls,					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico, Missouri.		Length of stay in 1b 3Wks		c. CITY OR TOWN Rural (Jasper Township)		Inside Limits No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phillips Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD Perry, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First IKE Middle M. Last ELY				4. DATE OF DEATH Month June Day 22, Year 1959					
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 10-28-71	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Ralls Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Martin Ely			13b. MOTHER'S MAIDEN NAME Anna E. Nelson.			14. NAME OF HUSBAND OR WIFE Edith Ely.			
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. ?		17. INFORMANT Address Mrs Edith Ely Perry, 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) Arteriosclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH Unknown		
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 12:30 a.m. p.m.		Month, Day, Year							
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 6-25-56 to June 21, 1959 and last saw him alive on June 21, 1959									
" Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Ernest S. Youth MD				22b. ADDRESS Mexico, Missouri.			22c. DATE SIGNED 6-24-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-24-59	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.		23d. LOCATION (City, town, or county) Perry, Missouri.			(State)	
24. FUNERAL DIRECTOR ADDRESS Clyde C. Wiering Perry, Mo.			25. DATE RECD. BY LOCAL REG. June 24-1959		26. REGISTRAR'S SIGNATURE Bonnie Neely				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959
OCT 6 100

MS SEP 1 9 1959

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 *Clyde C. Miller*

Licensed Embalmer No. 3820

P. O. Address Perry, 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.