RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 11 1960

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STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. _____ Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Douglas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Ava — Length of stay in 1b: 2yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Douglas
c. CITY OR TOWN: Ava — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First / Middle / Last: Luvina Jane Ellison
4. DATE OF DEATH: Month / Day / Year: Jan. 1, 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-25-69
9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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
11. BIRTHPLACE (City and state or country): Arno, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Marion Hartley
13b. MOTHER'S MAIDEN NAME: Mary Shelton
14. NAME OF HUSBAND OR WIFE: James Ellison
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Hattie Heinlein, Ava, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Respiratory Failure	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Toxemia	1 wk
DUE TO (c)	Generalized Pneumonia	1 wk

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardio-Renal Syndrome

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 12-21-59, to 1-1-60 and last saw her/him alive on 1-1-60.
Death occurred at 1-1-60 11:30 A.M. a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

*22a. SIGNATURE: M. C. Gentry (Degree or title) M.D.
22b. ADDRESS: 17 VA 1V10
22c. DATE SIGNED: 1-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-3-60
23c. NAME OF CEMETERY OR CREMATORY: Burdett
23d. LOCATION (City, town, or county) (State): Ava, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.
25. DATE RECD. BY LOCAL REG.: 1-2-60
26. REGISTRAR'S SIGNATURE: Vestel Bushman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles R. Tash

Signature of Student Embalmer

, Licensed Embalmer No. 4662

P. O. Address Ava, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.