

**MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-022060**

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 37 STATE FILE NUMBER

FILED VS MAY 17 1960

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hollister</b>	Length of stay in 1b years <b>years</b>	c. CITY OR TOWN <b>Hollister</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>residence</b>		d. STREET ADDRESS (If outside, give location) <b>rural</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WOLLIE</b> Middle <b>STOTTLE</b> Last	4. DATE OF DEATH Month <b>May</b> Day <b>1</b> Year <b>1960</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-14-87</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>17</b>	IF UNDER 24 HR Hours <b>17</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Francis Ellison</b>	13b. MOTHER'S MAIDEN NAME <b>Sadie Lewallen</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Mrs Ethel Hurley Crane, Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pleurisy &amp; lobar pneumonia</b>		<b>3 weeks</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) <b>Cancer -</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Month, Day, Year Hour 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
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21. I attended the deceased from <b>4/1/60</b> to <b>5/1/60</b> and last saw her <del>him</del> alive on <b>2/1/60</b> Death occurred at <b>11:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Harry T. Evans M.D.</b>	22b. ADDRESS <b>Branson, Mo</b>	22c. DATE SIGNED <b>5/11/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5-4-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ellison Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hollister, Mo</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Whelchel Chapel, Branson, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>5-11-60</b>	26. REGISTRAR'S SIGNATURE <b>Helew Campbell</b>
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DOCUMENT

MEDICAL CERTIFICATION

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter Cobb

Licensed Embalmer No. 473

P. O. Address Blount

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