

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

= 62-045056
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1177

VS 300
Rev. 4/59

10128
21110

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WAYNE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 12 DAYS	c. CITY OR TOWN MILL SPRING
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTORS HOSPT.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HENRY ELLINGTON			4. DATE OF DEATH Month Day Year DEC. 8 1962
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 FEB 5, 1885
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 10 Days 3	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10b. KIND OF BUSINESS OR INDUSTRY BLACKSMITH	11. BIRTHPLACE (City and state of country) LEEPER, MO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME MOSE ELLINGTON	
13b. MOTHER'S MAIDEN NAME ANNA CLUBURN		14. NAME OF HUSBAND OR WIFE GERTIE ELLINGTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT Address GERTIE ELLINGTON MILL SPRING, MO
18. CAUSE OF DEATH (Enter only one cause per line for (e); (b); and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Biliary Obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) 			INTERVAL BETWEEN ONSET AND DEATH 2 wks
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 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 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 11-27-62 to 12-8-62 and last saw her/him alive on 12-8-62 Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.A. Barbours, M.D.		22b. ADDRESS Poplar Bluff Mo	22c. DATE SIGNED 12-11-62
23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE 12-11-62	23c. NAME OF CEMETERY OR CREMATORY CARSON HILL	23d. LOCATION (City, town, or county) (State) MILL SPRING, MO
24. FUNERAL DIRECTOR ADDRESS GISH PIEDMONT, MO		25. DATE RECD. BY LOCAL REG. 12/14/1962	26. REGISTRAR'S SIGNATURE Helma Gahan

USE BLACK INK
OR
TYPEWRITER RIBBON

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maurice E. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, wa.

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.