

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023695

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 3016

Registrar's No. 227

FILED JUN 11 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
10269				
20140				
3				
4 1				
5 2				
6				
7 0				
8 0				
9 155.1				
10				
11				
12 1-2				
13 1-0				
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	MEDICAL CERTIFICATION	

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Calloway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Mokane, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>Charles E. Still Osteopathic</u>		d. STREET ADDRESS <u>none</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mary Susan Elley</u>		4. DATE OF DEATH Month Day Year <u>6 2 63</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-1-98</u>
9. AGE (last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Calloway Co., Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Ed Glover</u>		13b. MOTHER'S MAIDEN NAME <u>Lavina Selvy</u>	
14. NAME OF HUSBAND OR WIFE <u>Harry Elley</u>		17. INFORMANT <u>Jim Elley Mokane, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> <u>Primary Ductal Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
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		20g. COUNTY STATE
21. I attended the deceased from <u>June 1, 1963</u> to <u>June 2, 1963</u> and last saw her alive on <u>June 2, 1963</u> Death occurred at <u>9:50 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <u>Regina E. Roberts</u> (Dress of [redacted])		21b. ADDRESS <u>Jefferson City Mo</u>	
21c. DATE SIGNED <u>June 3-63</u>		21d. STATE <u>Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3 June 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calloway Mem. Grm.</u>	23d. LOCATION (City, town, or county) <u>Fulton, Mo.</u>
24. FUNERAL DIRECTOR <u>Maupin Funeral Home Fulton, Mo.</u>		25. DATE REC'D. BY LOCAL REG. <u>June 8, 63</u>	26. REGISTRAR'S SIGNATURE <u>Eula B. Ho</u>

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF ILLINOIS

JUN 20 1988

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 C. Youspin

Licensed Embalmer No. 5092

P. O. Address Fulton, 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.