

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025301

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 238

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 11 1963

VS.300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 6 years	c. CITY OR TOWN Sedalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 112 1/2 West 7th street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 112 1/2 West 7th Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) OPAL C. ELLISON		4. DATE OF DEATH Month July Day 6 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/18/87
9. AGE (last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and state or country) Hughesville, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Collier		13b. MOTHER'S MAIDEN NAME Sarah Scott Collier	
14. NAME OF HUSBAND OR WIFE John B. Ellison		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. [REDACTED]		17. INFORMANT John B. Ellison, Sedalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma right breast with DUE TO (b) Generalized Metastasis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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 checked="" 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 _____ 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 _____
21. I attended the deceased from 7-5-63 to 7-5-63 and last saw her ^{him} alive on 7-5-63 . Death occurred at 12:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) David R. Edwards M.D.		22b. ADDRESS Sedalia, Mo.	22c. DATE SIGNED 7-5-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/8/63	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia, Missouri
24. FUNERAL DIRECTOR Thorne Swain ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. July 8, 1963	26. REGISTRAR'S SIGNATURE Frances M. Anderson

USE BLACK INK

OR TYPEWRITER RIBBON

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10-09

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 *Ruane Ewing*

Licensed Embalmer No. 3847

P. O. Address *Seaboard*

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.