

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26687A

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>86</u> | | PRIMARY REG. DIST. NO. <u>5329</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Crawford</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Jakes Prairie</u> TOWN <u>Entire</u> | | c. LENGTH OF STAY (In this place) <u>Entire</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Jakes Prairie</u> OR TOWN <u>OAK HILL</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jakes Prairie</u> | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Martha</u> | | a. (First) | | b. (Middle) <u>ELLIS</u> | | c. (Last) | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>May 17, 1863</u> | |
| 9. AGE (In years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u> | | IF UNDER 28 HRS. Hours <u>-</u> Min. <u>-</u> | | 4. DATE OF DEATH <u>Aug. 19 1946</u> | |
| 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 | | 11. BIRTHPLACE (State or foreign country) <u>Oak Hill, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Thomas Sillymen</u> | | 13b. MOTHER'S MAIDEN NAME <u>Zeruda</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Fletcher Ellis</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>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lillie La Croix</u> ADDRESS <u>Cuba, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aortic stenosis</u> DUE TO (c) | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>5 yrs</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>42.11</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR | | | |
| 22. I hereby certify that I attended the deceased from <u>8-22</u> , 19 <u>45</u> , to <u>8-19</u> , 19 <u>46</u> , that I last saw the deceased alive on <u>Aug 19, 1946</u> and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Joseph W. Deles</u> | | | | 23b. ADDRESS <u>Cuba, Mo</u> | | 23c. DATE SIGNED <u>5-5-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug. 21, 1946</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Licklider</u> | | 24d. LOCATION (City, town, or county) (State) <u>Jakes Prairie Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>5-5-1956</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Avenue 11, Owensville, Mo.</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 8 1950

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 _____

working under my personal supervision.

Student _____ Student Embalmer No. _____ Signed _____

Student _____ Student Embalmer No. _____ Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.
