

FILED JAN 19 1949

STANDARD CERTIFICATE OF DEATH

2625
State File No. 194

BIRTH NO. 49-002661 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		b. COUNTY Jefferson	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) DeSoto 50	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) No R 3	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) Richard			(Month) (Day) (Year) January 7, 1949
b. (Middle) Ellis			
c. (Last) DuRain			
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
		Never Married	January 5, 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
None		Nil	2
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
DeSoto, Missouri <input checked="" type="radio"/>			
13a. FATHER'S NAME William Ellis		13b. MOTHER'S MAIDEN NAME Allie Frances Edwards	14. NAME OF HUSBAND OR WIFE Nil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME
Nil Nil		None	William Ellis, DeSoto, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral birth injury	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		0	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		16 1/2	
DUE TO (b)		0'	
DUE TO (c)			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	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 Jan 4, 1949 to Jan 7, 1949, that I last saw the deceased alive on Jan 7, 1949, and that death occurred at 2:40P m., from the causes and on the date stated above.			
23a. SIGNATURE J Wistar White		23b. ADDRESS 4500 Olive	23c. DATE SIGNED 1/7/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/8/49	24c. NAME OF CEMETERY OR CREMATORY WoodLawn Cemetery
			24d. LOCATION (City, town, or county) (State) DeSoto, Missouri
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Laster	25. FUNERAL DIRECTOR'S SIGNATURE Donnell D. ...
			ADDRESS DeSoto, Missouri

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

194

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Donnell B. Dietrich

Licensed Embalmer No. _____

4104

P. O. Address _____

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