

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11942

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

31
0
0

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5368 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Davies Co Salem</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Davies Co</u> 31	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem Twp Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonsburg Rural</u> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) R. G. ELLIS b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) April 26 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Dec 1-1884 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months 4 Days 25 IF UNDER 1 HR.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Davies Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Lewis A Ellis 13b. MOTHER'S MAIDEN NAME Jessie Ann Deem 14. NAME OF HUSBAND OR WIFE _____

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 Lewis A. Ellis ADDRESS Pattonsburg

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by cutting both sides of throat on Apr 22, 1949

ANTECEDENT CAUSES (b) Incomplete job and Re (c) died Apr 26, 1949 due to loss of blood & shock

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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Salem Twp. Daviess Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 22 1949 9 p.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Self inflicted with a straight razor

22. I hereby certify that I attended the deceased from Apr 24, 1949, to Apr 26, 1949, that I last saw the deceased alive on Apr 26, 1949, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. S. Baumgardner (Degree or title) Do 23b. ADDRESS Box 88 Barry, Mo 23c. DATE SIGNED Apr 27, 1949

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-28-49 24c. NAME OF CEMETERY OR CREMATORY Bethel 24d. LOCATION (City, town, or county) (State) 3 1/2 n-e of Pattonsburg MO

DATE REC'D BY LOCAL REG. May 1949 REGISTRAR'S SIGNATURE Vergilia M Engelhart 25. FUNERAL DIRECTOR'S SIGNATURE Bronner Funeral Home ADDRESS Pattonsburg

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.

Signed.....

E. S. Grimes

Signed.....

Student Embalmer

Licensed Embalmer No.

2857

P. O. Address.....

Pattonsburg, N.

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.