

FILED JUN 7 1949

STANDARD CERTIFICATE OF DEATH

Serial No. 14804

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>5107</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, West White		c. LENGTH OF STAY (in this place) 28 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, West White		d. STREET ADDRESS (If rural, give location) RFD # 4, Windsor	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD # 4, Windsor				4. DATE OF DEATH (Month) (Day) (Year) May 28 1949			
3. NAME OF DECEASED (Type or Print) Samuel		a. (First)		b. (Middle) Ellis		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 11, 1864	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 4		IF UNDER 1 YEAR Days 17		IF UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Benton County, Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Lafayette Ellis		13b. MOTHER'S MAIDEN NAME Sarah Wilson		14. NAME OF HUSBAND OR WIFE Addie Shepherd Ellis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Ellis, Windsor, Missouri			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Aneurysm ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Puffet Bronchitis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 33 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>May 24, 1949</u> , to <u>May 26, 1949</u> , that I last saw the deceased alive on <u>May 24, 1949</u> , and that death occurred at <u>8:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold M.D.				23b. ADDRESS Windsor		23c. DATE SIGNED 5/31/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-30-49		24c. NAME OF CEMETERY OR CREMATORY Harmony		24d. LOCATION (City, town, or county) (State) Benton County, Missouri	
DATE REC'D BY LOCAL REG. 5-31-49		REGISTRAR'S SIGNATURE E. H. Eckhoff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston-Turner, Windsor, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
District Health Officer No.
District File Number 5-49-62
Date Filed 6-6-62

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Andover, 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.