

FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15004

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brandon Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Liberty)</u>	
3. NAME OF DECEASED a. (First) <u>Dianna</u> (Type or Print)		b. (Middle) <u>Jean</u>	
c. (Last) <u>Ellis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 21, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 7, 1946</u>
9. AGE (In years last birthday) <u>3</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Stoddard County, Mo.</u>
13a. FATHER'S NAME <u>Claude M. Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>Dolly Eggli</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claude M. Ellis, Essex, Mo. R. 1,</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Internal hemorrhage</u> <u>Internal injuries to abdominal viscera</u> 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 <u>Eleven hours and fifty minutes</u>
19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Driveway of home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>RFD 1, Essex, Stoddard, Missouri</u>
21d. TIME OF INJURY <u>5-21-49 11 a. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Mother backed car out of driveway over child.</u>

22. I hereby certify that I attended the deceased from May 21, 1949 to May 21, 1949 that I last saw the deceased alive on May 21, 1949, and that death occurred at 10:50 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>E. N. Lockett, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Brandon Hospital, 1124 N. Main St., Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>5-24-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Essex</u>	24d. LOCATION (City, town, or county) (State) <u>Essex, Missouri</u>

DATE REC'D BY LOCAL REG. <u>May 26, 1949</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	4280	25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u>	ADDRESS <u>Dexter, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 REC'D

BUTLER COUNTY HEALTH DEPT.  
POPLAR BLUFF, MISSOURI

5-49-115

5-28-49

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 B. B. Barentine

Licensed Embalmer No. 4601

P. O. Address Dexter 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.