

FILED AUG 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22982

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 93

3.5
2

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Bragg City</u> 78	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Primmell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural # 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Floyd</u> b. (Middle) <u>—</u> c. (Last) <u>Ellis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 - 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	
8. DATE OF BIRTH <u>July 6 - 1949</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>36</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Bragg City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Berthel</u>		13b. MOTHER'S MAIDEN NAME <u>Martha m. Daniel</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy Winkler Wardell Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>—</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>	
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>Atelectasis</u>		9255	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u>			
		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)		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 7, 1949, to Jan 8, 1949, that I last saw the deceased alive on Jan 8, 1949, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. R. Primmell, M.D.</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>1-8-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wardell</u>	
24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Aug 4 - 1949</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>(None) Family Bragg City</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 10 19

District Health Office No.

District File Number 849-813

Date Filed

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 _____

Signed _____
Student Embalmer

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.