

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27270

51

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3022 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Garland</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Centerville</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>R.R. Omaha</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>R.R. Omaha</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 58 - 1/2 miles south of</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Ellis</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>August 26, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 29, 1930</u>
9. AGE (in years last birthday) <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Helper</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Millard Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha White</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>429-52-7189</u>	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile Accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>88174</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>12 31</u>
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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway - 58 - S. 50 1/2 miles. Rural - Centerville, Johnson, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centerville, Johnson, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 - 26 - 1949 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident 70</u>	
22. I hereby certify that I attended the deceased from <u>Aug 27th, 1949</u> , to <u>Aug 27, 1949</u> , that I last saw the deceased <u>alive on Aug 27, 1949</u> , and that death occurred at <u>8:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Kelly Rowlin's Coronor</u>		23b. ADDRESS <u>Hadden Missouri</u>	23c. DATE SIGNED <u>Aug 27, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>Harrison, Arkansas</u>	24d. LOCATION (City, town, or county) (State) <u>Omaha Arkansas</u>
DATE REC'D BY LOCAL REG. <u>Aug 27, 1949</u>	REGISTRAR'S SIGNATURE <u>Savannah Cuthbert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. B. Brunninger Warrensburg Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. M. Bawinger

Licensed Embalmer No. 3377

P. O. Address Warrenburg, 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.