

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29045

State File No. _____
Registrar's No. 76

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6188

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

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Cedar Creek, rural</u>	c. LENGTH OF STAY (in this place) <u>year</u>	c. CITY OR TOWN <u>Cedar Creek, Mo rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Cedar Creek</u>		d. STREET ADDRESS (If rural, give location) <u>rural Cedar Creek</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Albert</u> c. (Last) <u>Ely</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 1949</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 4 1867</u>	9. AGE (In years last birthday) <u>81</u> if UNDER 1 YEAR: Months <u>10</u> Days <u>14</u> if UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sam Ely</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Maurice</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Ely</u>
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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>Mrs Nancy Ely</u> ADDRESS <u>Cedar Creek, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from August 19, 1949, to August 22, 1949, that I last saw the deceased alive on August 19, 1949, and that death occurred at 6 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>Forsyth, Mo</u>	23c. DATE SIGNED <u>8/22/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graves Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cedar Creek, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 23 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>376</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Forsyth Funeral Home, Forsyth, Mo</u>
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RECEIVED AUG 29 1949
District Health Office No. 6,
District File Number 8.49-993
Date Filed 8-29-49

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 Minnie L. Welchel

Licensed Embalmer No. 2277

P. O. Address Brimson m

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.