

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31140

FILED OCT 5 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 4344 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKittrick, Mo. Rural</u>	
c. LENGTH OF STAY (In this place) <u>78 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>Henry</u> b. (Middle) <u>Ruben</u> c. (Last) <u>Ellis.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29th 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan 27th, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days
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	11. BIRTHPLACE (State or foreign country) <u>Berger, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>John Ellis.</u>	13b. MOTHER'S MAIDEN NAME <u>Seprata Patton.</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John Doyle McKittrick</u>	ADDRESS <u>McKittrick, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<u>Myocarditis</u>		<u>2 years</u>
ANTECEDENT CAUSES		<u>Arteriosclerosis</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 1/2</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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, 1947, to Sept 29th, 1949, that I last saw the deceased alive on Sept 26, 1949, and that death occurred at 1 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>E. G. Rhoades M.D.</u>	23b. ADDRESS <u>Nemmann Mo</u>	23c. DATE SIGNED <u>9/29/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 30th 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Patton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Big Spring, Mo.</u>
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DATE REC'D BY LOCAL REG <u>Sept 29 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs Eunice Bush</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Patton Patton</u>	ADDRESS <u>Americus, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
OCT 3 1919
District Health Officer No. 9,
District File Number

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.....

D. B. Baker,

Student Embalmer No.

working under my personal supervision.

Signed D. B. Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.