

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31476

910

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

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>6031</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Current River Twp.</u>		c. LENGTH OF STAY (in this place) <u>28 years.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Current River Township.</u>		6	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 Miles West of Doniphan, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>10 Miles West of Doniphan, Mo.</u>			
3. NAME OF DECEASED a. (First) <u>Thomas</u>			b. (Middle) <u>Elbert</u>		c. (Last) <u>Ellis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 8, 1949.</u>
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>Dec. 7 1860.</u>		9. AGE (In years last birthday) <u>88.</u>	10. UNDER 1 YEAR <u>0</u>	11. UNDER 12 HRS. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work. State the longest of working life, even if retired) <u>Minister.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Franklin County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>David Ellis.</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Crowe.</u>		14. NAME OF HUSBAND OR WIFE <u>Be Etha Ellis.</u>		
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>Be Etha Ellis, Doynor, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, aethenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Rheumatism which caused high blood pressure & became embolic.</u> ANTECEDENT CAUSES _____ 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>4214</u>					INTERVAL BETWEEN ONSET AND 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 <u>8-1-</u> , 1949, to _____, 19____, that I last saw the deceased alive on <u>8-1-</u> , 1949, and that death occurred at <u>6.30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. W. Adamson, M.D.</u>				23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>8-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>		24b. DATE <u>Aug. 9 1949.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sankey Hall Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>8-9-49</u>		REGISTRAR'S SIGNATURE <u>E. W. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means</u>		ADDRESS <u>Doniphan Mo.</u>	

RECEIVED 9/12/49
District Health Officer No. 5,
District File Number 949610
Date Filed 9/15/49

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.