

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2207
 BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6069 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Rural, Iron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Rural, Iron</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>6 mi. west of Doe Run</u>		d. STREET ADDRESS (If rural, give location): <u>6 mi. west of Doe Run</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Washington</u> c. (Last) <u>Ely</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11-1950</u>			
5. SEX <u>U</u> <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 25 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Days <u>7</u> Hours <u>17</u>	IF UNDER 4 HRS. Hours <u>17</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sec. foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R. R.</u>		11. BIRTHPLACE (State or foreign country) <u>Beach Springs Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Columbus Ely</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Salina M. 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>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry A. Williams, Ironton Mo.</u>	ADDRESS <u>Rt. 1</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Double lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Influenza</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Apoplexy</u>		<u>48 hrs</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)	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan. 3, 1950, to Jan. 11, 1950, that I last saw the deceased alive on Jan. 10, 1950, and that death occurred at 4:50 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. H. Gale M.D.</u>	(Degree or title)	23b. ADDRESS <u>Beaumont, Mo.</u>	23c. DATE SIGNED <u>Jan. 11-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Doe Run Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 17, 1950</u>	REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton Mo.</u>	ADDRESS <u>Ironton Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48

940

RECEIVED

JAN 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 156-111

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 *Russell White*

Licensed Embalmer No. *3017*

P. O. Address *Proctor, Ind*

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.