

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3651

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4528 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maundville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maundville</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 years</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>McKenzie</u> c. (Last) <u>McKenzie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 25 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, <del>widowed</del> (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>June 30 1875</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	
11. IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Paris, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Henry Short</u>	
13b. MOTHER'S MAIDEN NAME <u>Traven</u>		14. NAME OF HUSBAND OR WIFE <u>Mr McKenzie</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state of 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 E. Lanouss</u>		ADDRESS <u>Paris, Ill.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Ventricular Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Decompensation</u>		<u>2 Mos.</u>	
		DUE TO (c) <u>Congestive Heart Disease</u>		<u>2 Yrs.</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, and Essential Hypertension</u>		<u>4 Yrs.</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) <u>443X</u>	
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?	

22. I hereby certify that I attended the deceased from July 21, 1947, to Jan. 24, 1950, that I last saw the deceased alive on Jan. 24, 1950, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Memroc H. Kneib</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Liberal, Missouri</u>		23c. DATE SIGNED <u>1-28-50</u>	
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24a. BURIAL (Specify) <u>1) January 28-1950</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Heeborn Cemetery, Maundville, Missouri</u>	
24d. LOCATION (City, town, or county) (State) <u>Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Ferry</u> ADDRESS <u>Home Road</u>			

DATE REC'D BY LOCAL REG. Jan 31 1950 REGISTRAR'S SIGNATURE Mrs. Ruth Ferry (Licensed Embalmer's Statement on Reverse Side) J. B. Ferry Missouri

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

**RECEIVED**  
District Health Officer No. 7)  
District File Number 1-50.52  
Date Filed 2-7-57

**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 *G. B. Jones*.....

Licensed Embalmer No. 1760

P. O. Address Neuada 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.