

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17841

State File No.

0900

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

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington (Rural)</u>		c. LENGTH OF STAY (In this place) <u>All life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellington (Rural)</u>		0900
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Son</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alpha</u> b. (Middle) <u>Annie</u> c. (Last) <u>Black</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 1 50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 18 1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR <u>5</u> MONTHS <u>15</u> DAYS
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	11. BIRTHPLACE (State or foreign country) <u>Reynolds Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>W. L. Mills</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Jim Black</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Laura Shirts Ellington</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>Influenza</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>481X</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) (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 <u>8-26</u> , 19 <u>49</u> to <u>4-1</u> , 19 <u>50</u> that I last saw the deceased alive on <u>4-15</u> , 19 <u>50</u> , and that death occurred at <u>11:30</u> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. W. W. W. W.</u>		23b. ADDRESS <u>Ellington, Mo</u>		23c. DATE SIGNED <u>4-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 8, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorials</u>	24d. LOCATION (City, town, or county) (State) <u>Ellington (Rural) Mo</u>		
DATE REC'D BY LOCAL REG. <u>4/12-50</u>	REGISTRAR'S SIGNATURE <u>Essie Evans</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. S. Penick</u>	ADDRESS		

RECEIVED
District Health Officer No. 8, 5-8-50
District File Number 550292
Date Filed 5-10-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Chas. S. Pruitt*

Licensed Embalmer No. 4574

P. O. Address *Ellington, 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.