

FILED JUL 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5382 State File No. 19817

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5382 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dent	
b. CITY OR TOWN Rural, Franklin Twp	c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN Franklin twp. 0330	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near New Hope		d. STREET ADDRESS (If rural, give location) Near New Hope	
3. NAME OF DECEASED (Type or Print) Ella May Ard		a. (First)	b. (Middle)
4. DATE OF DEATH June 17, 1950		c. (Last)	
5. SEX F	6. COLOR OR RACE W	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12, 1873
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (State or foreign country) Dent County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John R. Larkin	
13b. MOTHER'S MAIDEN NAME Martha Smith		14. NAME OF HUSBAND OR WIFE John M. Ard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no m		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME John M. Ard, Salem, Mo.		ADDRESS	
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) Pneumonia INFLUENZA Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 6 days	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 910	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) m.	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 June 10, 1950, to June 17, 1950, that I last saw the deceased alive on June 17, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) J. L. Lillow MD		23b. ADDRESS Salem, Mo.	
23c. DATE SIGNED June 19, 1950			
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE June 19, 1950	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Dent County, Mo.
DATE REC'D BY LOCAL REG. 6-19-50	REGISTRAR'S SIGNATURE N. M. Hardy	25. FUNERAL DIRECTOR'S SIGNATURE Habens & Grantham	ADDRESS Salem, Mo.

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

0330

RECEIVED  
JUN 27 1950  
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~~ .....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Marshall C. Blackwell*

Licensed Embalmer No. 4713

P. O. Address Salem, 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.