

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21009

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <i>Mo</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Portageville</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Portageville 0721</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>William H.</i> b. (Middle) <i>Ellis</i> c. (Last) <i>Ellis</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 20 1950</i>			
5. SEX <i>U</i> <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 21 1868</i>	9. AGE (In years last birthday) <i>81</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>29</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired - Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>H. H. Ellis</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Ellis</i>		14. NAME OF HUSBAND OR WIFE <i>Anna Ellis</i>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Paul Ellis</i>		ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <i>3 da.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchiopneumonia</i>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chr. Myocarditis</i> DUE TO (c) <i>Arteriosclerosis</i>			<i>2 yrs.</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chr. Nephritis</i>			<i>3 yrs.</i>	<i>2 yrs.</i>
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) <i>4321</i>
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 *5-29 1950*, to *6-18 1950*, that I last saw the deceased alive on *6-18 1950*, and that death occurred at *7:30 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John J. Kellion M.D.</i> (Degree or title)		23b. ADDRESS <i>Portageville, Mo</i>	23c. DATE SIGNED <i>6-21-50</i>
24a. BURIAL, CREMATION (Specify) <i>Burial</i>	24b. DATE <i>June 21 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Portageville</i>	24d. LOCATION (City, town, or county) (State) <i>Portageville, Mo</i>
DATE REC'D BY LOCAL REG. <i>June 21 1950</i>	REGISTRAR'S SIGNATURE <i>Ellen De Lulu</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Dedula Funeral Parlor Portageville Mo</i>	

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

JUN 26 19

RECEIVED

District Health Office No. 2

District File Number 650-39

Date Filed

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. 359

working under my personal supervision.

Student *Richard A. Lang*
Student Embalmer

Signed *Joseph A. Redford*
Licensed Embalmer No. 4481

P. O. Address *Portsmouth, N.H.*

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.