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

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25773

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee Rural Kelso Twp
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee 1051
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) Green c. (Last) Ellis

4. DATE OF DEATH (Month) (Day) (Year): July 4 1950

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 10, 1867

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): Polk. Co Ill

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Benjamin Ellis

13b. MOTHER'S MAIDEN NAME: Mary Moore

14. NAME OF HUSBAND OR WIFE: Julia Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Mrs Earl Wilkinson — ADDRESS: Chaffee Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) History of Cardiac Decompensation - Deceased fell to floor and died in a few moments - Death due to unknown natural causes - evidently cardiac failure -

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) The above conclusion - by and with agreement of - Coroner Clyde Poe - Coroner of Scott County.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: By history about 3 years

4220

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

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) m.: ✓

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ✓ *, 19__, to* ✓ *, 19__, that I last saw the deceased* ~~alive~~ *on* July 4, 1950, *and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G A Sample M.D.

23b. ADDRESS: Chaffee Mo

23c. DATE SIGNED: 7-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 6, 50

24c. NAME OF CEMETERY OR CREMATORY: Union Park

24d. LOCATION (City, town, or county) (State): Chaffee Mo

DATE REC'D BY LOCAL REG.: 7/6/50

REGISTRAR'S SIGNATURE: Grace B MacCready 298

25. FUNERAL DIRECTOR'S SIGNATURE: Bisplinghoff Funeral Home — ADDRESS: Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 13 19

SCOTT COUNTY HEALTH C

CO. FILE NO. 750 -

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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 Monnie Burpleng Liff

Licensed Embalmer No. 3242

P. O. Address Chaffee Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.