

S. No. 300  
v. 10.48

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29458

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1082

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY de Kalb	
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) 5 Joseph 90 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maysville 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hosp		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) - c. (Last) ELLIS			4. DATE OF DEATH (Month) (Day) (Year) Sept. 21-1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/4-1884
9. AGE (In years last birthday) 66		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Clate Ellis		13b. MOTHER'S MAIDEN NAME Nancy DeLong	
14. NAME OF HUSBAND OR WIFE Dora Ellis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or of unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ruth Blantette, Cameron 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regeneration INTERVAL BETWEEN ONSET AND DEATH a months  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Emphysema Unknown DUE TO (c) Chronic bronchial asthma Unknown  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 24 IX	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input checked="" 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.) none	
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"/> none	
21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from Aug. 1, 1950, to Sept. 21, 1950, that I last saw the deceased alive on Aug 21, 1950, and that death occurred at 7:55 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Allen Siderman MD		23b. ADDRESS 620 Francis	
23c. DATE SIGNED 9-23-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/21-50	
24c. NAME OF CEMETERY OR CREMATORY Oak Lawn		24d. LOCATION (City, town, or county) (State) Maysville Mo	
DATE REC'D BY LOCAL REG. Sept. 26, 1950		REGISTRAR'S SIGNATURE G. B. Jenkins 382	
25. FUNERAL DIRECTOR'S SIGNATURE T. H. Turner Home		ADDRESS Maysville	

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

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MAY 21 1957

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 *E. H. Leaker*

Licensed Embalmer No. *3960*

P. O. Address *Mayfield 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.