

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32647

FILED NOV 13 1950

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>1242</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> <u>0117</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Jesus James Hotel</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> b. (Middle) <u>LEE</u> c. (Last) <u>ELLIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10/26/50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>	8. DATE OF BIRTH <u>8/28/1896</u>	9. AGE (In years last birthday) <u>54</u> <u>years</u>
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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Paducah, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Pink</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>unk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace DeLine</u> ADDRESS <u>St. Joseph</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>Hemorrhage from Peptic Ulcer</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Peptic Ulcer</u> DUE TO (c) <u>XXXXXXXXXX</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>XXXXXXXXXX</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24</u> hours <u>4+</u> years <u>5400</u>
19a. DATE OF OPERATION <u>XXXXXXXXXX</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXXXXXXXXXX</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXXXXXXXX</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXXXXXX</u> m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> <u>XXXXXXXXXX</u>		21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXX</u>
22. I hereby certify that I attended the deceased from Jan. <u>6</u> , 19 <u>50</u> , to Oct. <u>26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-25-50</u> , 19 <u>50</u> , and that death occurred at <u>8:25</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Orvin W. Craig</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>The Tootle Building</u>		23c. DATE SIGNED <u>10-30-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/27/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Nov. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl E. Casaf</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barney T. ...</u> ADDRESS <u>St. Joseph</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Victor Barry

Signed.....
Student Embalmer.

Licensed Embalmer No. 4212

P. O. Address PT Jo 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.