

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34403

State File No. _____

No. 300
10-48

FILED NOV 6 1950

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>124</u>	
1. PLACE OF DEATH a. COUNTY <u>Pelaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pelaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Ellzey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28, 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 10, 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR (Month) (Day) <u>8 18</u>	IF UNDER 6 HRS. (Hours) (Min.)	
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		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wesley Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>John Ellzey</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Ellzey Waynesville, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric hemorrhage ^{C.M.} hemorrhage</u>					3 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u>					15-yr
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					260X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>8-1-</u> , 19 <u>50</u> , to <u>10-28-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-6-</u> , 19 <u>50</u> , and that death occurred at <u>11</u> <u>a</u> . m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. Miller, M.D.</u>			23b. ADDRESS <u>Waynesville Mo.</u>			23c. DATE SIGNED <u>10-31-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/31/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland, MO</u>		
DATE REC'D BY LOCAL REG. <u>11-1-50</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buchthorn</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Hedge Herod, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

852

0850

RECEIVED 11-1-50
Pulaski County Health Officer
File Number.....
Date Filed 11-1-50

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Licensed Embalmer No. 4265

P. O. Address

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.