

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36320**

FILED NOV 29 1950

BIRTH NO. **72289-50** REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **5145** Registrar's No. **64**

1130

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

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Caldwell</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rt. 2<sup>nd</sup> Breckenridge</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rt. 2<sup>nd</sup> Breckenridge, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>6 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>Rt. 2<sup>nd</sup> Breckenridge, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Rt 2<sup>nd</sup> Breckenridge</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Infant David</b> b. (Middle) <b>Hall</b> c. (Last) <b>Ellis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 6 - 50</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>11-6-50</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>6</b>	IF UNDER 1 HRS. Hours <b>6</b> Mins. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Rt. 2<sup>nd</sup> Breckenridge, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Maxwell Hall Ellis</b>		13b. MOTHER'S MAIDEN NAME <b>to Junita Osborn</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Maxwell Hall Ellis Breckenridge</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Anomalies of G.I. Tract.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>7593</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Nov. 6**, 19**50**, to **Nov. 6**, 19**50**, that I last saw the deceased alive on **Nov. 6**, 19**50**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L.M. Berry M.D.</b> (Degree or title) <b>D</b>		23b. ADDRESS <b>Hamilton, Mo.</b>		23c. DATE SIGNED <b>Nov. 4, 50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>11-7-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Breckenridge, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>11-22-50</b>		REGISTRAR'S SIGNATURE <b>Mrs. Nell B Jones</b> <b>593</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L.R. Trammell</b>		ADDRESS <b>Breckenridge</b>	
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Gary A. Trammell

Licensed Embalmer No. 4435

P. O. Address Box 98 Buchanan

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.