

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 5828

State File No. 5462

0720

BIRTH NO.		REG. DIST. NO. 241		PRIMARY REG. DIST. NO. 4359		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>		0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 miles south of Point Pleasant</b>				d. STREET ADDRESS (If rural, give location) <b>Pleasant- 2 mile south of Point Pleasant</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ella</b>		b. (Middle) <b>Mae</b>		c. (Last) <b>Nellem</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 29 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 15 1893</b>	
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Days <b>7</b>		IF UNDER 1 YEAR Hours <b>14</b>		IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cairo, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Soloman Cunningham</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Mae Matthews</b>		14. NAME OF HUSBAND OR WIFE <b>James nellem</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Nellem-Point Pleasant, Mo.</b>			
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) <b>No. Medical attendant</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>by all recent death</b> DUE TO (c) <b>due to Lobar Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>490X</b>	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. H. Adguth</b> (Degree or title) <b>3</b>				23b. ADDRESS <b>New Madrid, Mo.</b>		23c. DATE SIGNED <b>2/1/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Feb. 3 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Simmons Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Catron, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Feb 5, 1951</b>		REGISTRAR'S SIGNATURE <b>Ellen De Lisle</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ponder Funeral Home-Lilbourn, Mo.</b>		ADDRESS	

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

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

APR 1 1951

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 Homer L. Ponder

Signed.....  
Student Embalmer

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.