

FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13051

BIRTH NO. 124		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 5593		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Plattin		c. LENGTH OF STAY (in this place) 1 Yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Plattin 1500		d. STREET ADDRESS (If rural, give location) Rt. 1 DeSoto, Mo. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 1 DeSoto, Mo.				d. STREET ADDRESS (If rural, give location) Rt. 1 DeSoto, Mo.			
3. NAME OF DECEASED a. (First) Sandra			b. (Middle) Faye		c. (Last) Ellegood		4. DATE OF DEATH (Month) (Day) (Year) May 1, 1951
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH July 1, 1949	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry Aldis Ellegood			13b. MOTHER'S MAIDEN NAME Betsy Jo Parsons		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harry Ellegood Rt. 1 DeSoto, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Malignancy of both eyes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) - DUE TO (c) -				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 192x				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 Dec 15, 1950, to March 2, 1951, that I last saw the deceased alive on March 2, 1951, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J. Belgor, M.D.				23b. ADDRESS Festus, Mo		23c. DATE SIGNED May 1, 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/3/51		24c. NAME OF CEMETERY OR CREMATORY Bowling Green		24d. LOCATION (City, town, or county) (State) Bowling Green Mo.	
DATE REC'D BY LOCAL REG. 5-2-51		REGISTRAR'S SIGNATURE Marie Harriette Lee Mathershead		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead		ADDRESS DeSoto, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

500

15-2-9
DATE RECEIVED 5-7-51
JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

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: Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.