

FILED MAY 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15497

| | | | | | | | |
|---|---|--|---|--|--|--|------|
| BIRTH NO. _____ | | REG. DIST. NO. 10 | | PRIMARY REG. DIST. NO. 3002 | | Registrar's No. 68 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY Audrain | | a. STATE MISSOURI | | b. COUNTY Audrain | | admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO | | c. LENGTH OF STAY (in this place) 1 mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO | | 0043 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Co. Hosp. | | | | d. STREET ADDRESS (If rural, give location) 502 N. WADE | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) SALLIE | b. (Middle) BELLE | c. (Last) ELLER | Month | Day | Year | Female | Male |
| (Type or Print) | | | MAY | 16 | 1951 | | |
| 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH MARCH 11 1875 | 9. AGE (In years - last birthday) 76 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | 11. BIRTHPLACE (State or foreign country) MONROE COUNTY MO | 12. CITIZEN OF WHAT COUNTRY U.S. | |
| 13a. FATHER'S NAME JAMES E. RAGSDALE | 13b. MOTHER'S MAIDEN NAME MARY E. COX | 14. NAME OF HUSBAND OR WIFE W. S. ELLER | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no. or unknown) NO | 16. SOCIAL SECURITY NO. — | 17. INFORMANT'S SIGNATURE OR NAME W. S. ELLER | ADDRESS MEXICO, MO | |
| 18. CAUSE OF DEATH | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Ovary | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | 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. Cardiac Nephritis | | | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | | | | | 195X | |
| 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) (Minute) | 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 April 16, 1951, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Frank J. Kelly (Degree or title) | | | | 23b. ADDRESS Mexico, Mo. | | 23c. DATE SIGNED 5/17/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 5-18-51 | 24c. NAME OF CEMETERY OR CREMATORY ELWOOD CEMETERY | 24d. LOCATION (City, town, or county) (State) MEXICO MO | 25. FUNERAL DIRECTOR'S SIGNATURE Blanche Kelly | ADDRESS | | |
| DATE REC'D BY LOCAL REG. May 18-51 | REGISTRAR'S SIGNATURE Blanche Kelly | 25. FUNERAL DIRECTOR'S SIGNATURE Blanche Kelly | ADDRESS | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

004

Date Received: MAY 28 1951
DISTRICT HEALTH OFFICE #2

District File Number 5-51-997

Date Filed: MAY 28 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 _____

Chris Arnold

Signed.....
Student Embalmer

Licensed Embalmer No. 3569

P. O. Address *Miss Md*

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.