

FILED JUN 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16033

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4148 Registrar's No. 16

270

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

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Otterville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Otterville	
c. LENGTH OF STAY (In this place) 52 years		0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)	a. (First) FANNIE	b. (Middle) LEE	c. (Last) ELLISON	4. DATE OF DEATH (Month) (Day) (Year) June 6, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 2, 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Cooper County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Columbus Callahan	13b. MOTHER'S MAIDEN NAME Sarah Stephens	14. NAME OF HUSBAND OR WIFE William F. Ellison
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME John Ellison, 223 E. Howard,	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 1 WK
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC NEPHRITIS DUE TO (c)		—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MENTAL DEFICIENCY			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592X	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) (Min.)	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 6-1, 1951, to 6-6, 1951, that I last saw the deceased alive on 6-6, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE F. W. Johnson M.D.	(Degree or title)	23b. ADDRESS OTTERVILLE, MO.	23c. DATE SIGNED 6-7-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/8/51	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Otterville, Mo.
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DATE REC'D BY LOCAL REG. June 7-1951	REGISTRAR'S SIGNATURE Hollie Thullett	78	25. FUNERAL DIRECTOR'S SIGNATURE Mariane Ewing	ADDRESS Sedalia, Mo.
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RECEIVED 6-11-61

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 6-11-61 .....

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 *P. E. Baker* .....

Licensed Embalmer No. 2419

P. O. Address Seclavia Ma

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.