

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16992

State File No. _____

FILED MAY 29 1951

BIRTH NO. _____ REG. DIST. NO. 15th PRIMARY REG. DIST. NO. 2001 Registrar's No. 239

0495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	c. LENGTH OF STAY (In this place) 10 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Goodman	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) LEE c. (Last) ELLIS			4. DATE OF DEATH (Month) (Day) (Year) May 23, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 3, 1905	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Owner		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alvin Monroe Ellis	13b. MOTHER'S MAIDEN NAME Mary Louise Brumley	14. NAME OF HUSBAND OR WIFE Mrs. Inez Harter Ellis
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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) Yes 1923-1925	16. SOCIAL SECURITY NO. 492-20-5693	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Inez H. Ellis, Goodman, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months about 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis.		
	ANTECEDENT CAUSES DUE TO (b) hypertension. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443X
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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 **Feb 19 1950**, to **May 23 1951**, that I last saw the deceased alive on **May 23, 1951**, and that death occurred at **7 P** m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <i>Alvin H. McPhee, M.D.</i>	23b. ADDRESS 607 Frisco Bldg, Joplin Mo	23c. DATE SIGNED 5/25/1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 28, 1951	24c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	24d. LOCATION (City, town, or county) (State) Neosho, Missouri
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DATE REC'D BY LOCAL REG. 5-26-51	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>John B. Papineau</i> Goodman, Missouri
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RECEIVED 5-28-51

Jasper County Health Office

County File Number 51/5/444

Date Filed 5-28-51

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 *John B. Papineau*

Licensed Embalmer No. 4446

P. O. Address *Goodman, 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.