

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17080

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Jefferson2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo. b. COUNTY Jeffersonb. CITY (If outside corporate limits, write RURAL and give township) Hillsboro
c. LENGTH OF STAY (in this place) 3 WKS.c. CITY (If outside corporate limits, write RURAL and give township) Hillsboro
d. STREET ADDRESS Cedar Grove Nursing Home

d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)
Joseph W. Ellison4. DATE OF DEATH (Month) (Day) (Year)
May 9 - 1951

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH Dec. 26 - 1890

9. AGE (In years last birthday) 60

10. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY Rail Road

11. BIRTHPLACE (State or foreign country) St. Louis Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Ellison

13b. MOTHER'S MAIDEN NAME Agnes Davidson

14. NAME OF HUSBAND OR WIFE Adele Ellison

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. ?

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Walter Ellison 7529 Wise - St. Louis Mo18. 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.MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio vascular disease with myocardial failure
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 3 months

II. OTHER SIGNIFICANT CONDITIONS cerebral arteriosclerosis, with mental deterioration.

4-6 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443X

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18, 1951, to May 9, 1951, that I last saw the deceased alive on May 9, 1951, and that death occurred at 10:30 pm., from the causes and on the date stated above.

23a. SIGNATURE Thomas A. Dornell M.D. (Degree or title)

23b. ADDRESS Desoto, Mo.

23c. DATE SIGNED 5-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 5-11-51

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine

24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

DATE REC'D BY LOCAL REG. 5-10-51

REGISTRAR'S SIGNATURE Kathleen Mersden 141

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith Maplewood, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

500
4

10-

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 5-17-51

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 *J. Fred Mattenber*

Licensed Embalmer No. *3531*

P. O. Address *Desoto 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.