

FILED JUN 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21045**
 BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **2441** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton Hill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clifton Hill	
c. LENGTH OF STAY (in this place) 1 yr.		d. STREET ADDRESS (If rural, give location) 0880	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Sam	b. (Middle) W.	c. (Last) Ellis	4. DATE OF DEATH (Month) (Day) (Year)
				June 15 1951

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 30, 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant	10b. KIND OF BUSINESS OR INDUSTRY merchant	11. BIRTHPLACE (State or foreign country) don't know	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME don't know	13b. MOTHER'S MAIDEN NAME don't know	14. NAME OF HUSBAND OR WIFE Nora Ellis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Henry Byrum; Clifton Hill, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 **June 12, 1951 to June 16, 1951**, that I last saw the deceased alive on **June 16, 1951**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. E. Alexander, M.D.	23b. ADDRESS Clifton Hill, Mo.	23c. DATE SIGNED 6-17-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 18, 1951	24c. NAME OF CEMETERY OR CREMATORY Clifton Hill	24d. LOCATION (City, town, or county) (State) Clifton Hill, Missouri
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DATE REC'D BY LOCAL REG. 6-23-51	REGISTRAR'S SIGNATURE Mrs. A. A. Barnhart	25. FUNERAL DIRECTOR'S SIGNATURE Tom Patton	ADDRESS Huntsville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

880

OCT 8 1954

Date Received: JUN 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-51-1157
Date Filed: JUN 26 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: *Tom B Patton*

Licensed Embalmer No. 3914

P. O. Address: *Huntsville, Ala*

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.