

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26896  
Registrar's No. 3520

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Ja ckson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holden, Missouri</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Major Clinic</b>		d. STREET ADDRESS (If rural, give location) <b>South Market</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Rosie</b> b. (Middle) <b>May</b> c. (Last) <b>Ellis</b>			4. DATE OF DEATH (Month) <b>Aug.</b> (Day) <b>13</b> (Year) <b>1951</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 30, 1869</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>14</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Carol Haynes</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Caroline Bradley</b>		14. NAME OF HUSBAND OR WIFE <b>C. W. Ellis</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hosp. Records</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Subs.</b> <b>about 7 weeks</b> <b>several years</b> <b>332X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Thrombosis</b>		
	DUE TO (c) <b>Cerebral Arteriosclerosis</b>		
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 type="checkbox"/>	
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) m.		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 **Aug 14, 1951**, to **Aug 13, 1951**, that I last saw the deceased alive on **Aug 13, 1951**, and that death occurred at **4:40 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harmon S. Major MD</b> (Degree or title)		23b. ADDRESS <b>3100 Euclid Ave, Kansas City, Mo</b>		23c. DATE SIGNED <b>8/13/51</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <b>Aug. 17, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holden Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Holden, Missouri, Johnson</b>	

DATE REC'D BY LOCAL REG. <b>8-17-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Conrad J. Papp</b> ADDRESS <b>Holden Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 4 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.....  
Student Embalmer

Signed Samuel B. Pepp

Licensed Embalmer No. 4044

P. O. Address Holden, 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.