S. No. 300
v. 10.48

#
0402

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30046

FILED SEP 20 1951

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wright Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton 0402
d. STREET ADDRESS (If rural, give location): 1109 Franklin 0

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle): E.
c. (Last): Ellis

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~Married~~ Divorced
8. DATE OF BIRTH: April 14, 1894
9. AGE (In years last birthday): 57 — If under 1 year: Months 4, Days 28 — If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Grundy Co. Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jesse Whitmer
13b. MOTHER'S MAIDEN NAME: Martha Coffey
14. NAME OF HUSBAND OR WIFE: Ben Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: 494-32-7448
17. INFORMANT'S SIGNATURE OR NAME: X Eddie M. Ellis
ADDRESS: Trenton Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute nephritis
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Urinary Suppression
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cholecystectomy 585 A

19a. DATE OF OPERATION: Sept. 10, 1951
19b. MAJOR FINDINGS OF OPERATION: Cholecystitis
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) m.:
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 Aug 1, 1951, to Sept 12, 1951, that I last saw the deceased alive on Sept 12, 1951, and that death occurred at 2:31 P m., from the causes and on the date stated above.

23a. SIGNATURE: Joseph M. Lynch (Degree or title): M.D.
23b. ADDRESS: Trenton, Mo
23c. DATE SIGNED: Sept 15, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-14-51
24c. NAME OF CEMETERY OR CREMATORY: Mowell Grove
24d. LOCATION (City, town, or county) (State): Trenton Mo

DATE REC'D BY LOCAL REG.: 9/15/51
REGISTRAR'S SIGNATURE: Irene Jacobs
25. FUNERAL DIRECTOR'S SIGNATURE: Davis-Blackmore
ADDRESS: Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
17 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

OCT 3 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 myself working under my personal supervision.

Student Embalmer No.....

Signed Jayne A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Mo

Signed.....
Student Embalmer

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.