

FILED JAN 8 1952

STANDARD CERTIFICATE OF DEATH

State File No. 40960

BIRTH NO. _____		REG. DIST. NO. <u>64</u>	PRIMARY REG. DIST. NO. <u>5246</u>	Registrar's No. <u>72</u>
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> d. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Rural, Musselfork Twp.</u>		c. LENGTH OF STAY (If in institution) <u>65-Years</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9-Miles N.E. Keytesville</u>		c. CITY (If outside corporate limits, write RURAL and give town name) <u>Rural Musselfork Twp.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Ellis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26th. 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 17th, 1863</u>	9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR <u>1</u> MONTH <u>9</u> DAYS <u>9</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Macon County, Mo. 6</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Abraham Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Doughty</u>		14. NAME OF HUSBAND OR WIFE <u>Rosetta Ellis</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Ellis Keytesville, Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>334X</u>
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 <u>May</u> , 19 <u>48</u> , to <u>Dec 26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 25</u> , 19 <u>51</u> , and that death occurred at <u>2:50A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Carl C. Hege</u>		23b. ADDRESS <u>D (M.D.) Keytesville, Mo.</u>		23c. DATE SIGNED <u>12/27/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 28th, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bennett Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Keytesville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12/29-51</u>		REGISTRAR'S SIGNATURE <u>J. W. ...</u>		55

(Licensed Embalmer's Statement on Reverse Side)

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

210

JAN 2

Date Received:

DISTRICT HEALTH OFFICE #

District File Number 1-52

Date Filed:

JAN 5 1952

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

H. O. Gammitt

Signed.....

Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Keytesville, 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.