

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11826**

FILED MAR 27 1952 REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4536** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY <i>Washington</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Washington</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Potosi</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Potosi</i> 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Arthur</i> b. (Middle) <i>Hillman</i> c. (Last) <i>Ellis</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 12 1952</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>May 26 1876</i>	9. AGE (In years last birthday) <i>75</i>	10. IF UNDER 1 YEAR Hours <i>9</i> Min. <i>16</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Potosi Mo.</i>		12. CITIZENSHIP OF WHAT COUNTRY <i>U.S.A.</i>

13a. FATHER'S NAME <i>Franklin Ellis</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Malley</i>		14. NAME OF HUSBAND OR WIFE <i>deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, per se unknown) <i>No.</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Best Ellis</i> ADDRESS <i>Potosi Mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar pneumonia</i>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Influenza</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 480X	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 *3-12*, 19*51*, to *3-12*, 19*57*, that I last saw the deceased alive on *3-12*, 19*57*, and that death occurred at *7:00 P.m.*, from the causes and on the date stated above.

23. SIGNATURE <i>Joseph L. Fluerman</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Potosi, Mo.</i>		23c. DATE SIGNED <i>3-14-57</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-14-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Shoal Creek</i>	24d. LOCATION (City, town, or county) (State) <i>Crawford Co. Mo.</i>	
DATE REC'D BY LOCAL REG. <i>3/14/52</i>	REGISTRAR'S SIGNATURE <i>Helene Rudack</i> 403	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mr. Luther Spahr</i> ADDRESS <i>Potosi Mo.</i>		

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

MAR 23 1952

RECEIVED

MAR 17 1952

WASH. COUNTY HEALTH DEPT.

File No. 352-3057

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 *Murphy Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Flat River, 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.