

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27817

State File No. \_\_\_\_\_

REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 119

SEP 11 1952

1. PLACE OF DEATH a. COUNTY <u>Grundy 0402</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy 1402</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>10 years.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u> 0	
d. STREET ADDRESS (If rural, give location) <u>212 E 10th Street</u>			
3. NAME OF DECEASED a. (First) <u>Jacob</u> b. (Middle) <u>J</u> c. (Last) <u>Ellis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14 1952</u>
5. SEX <u>male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>May 23 1872</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>21</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>Produce Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce business</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy Co, Mo</u>
13a. FATHER'S NAME <u>John Wesley Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Kirkendall</u>	14. NAME OF HUSBAND OR WIFE <u>Flora Ellen Trobough Ellis (dec)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bernice Ratliff</u> ADDRESS <u>Trenton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Anemia</u> ANTECEDENT CAUSES <u>Chronic Nephritis</u> 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 <u>592x</u>	
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) (Min.)	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>Aug 14</u> , 19 <u>52</u> , to <u>Aug 14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 14</u> , 19 <u>52</u> , and that death occurred at _____ m., from the cause and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Oliver F. Duffy M.D.</u>		23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Aug 15th 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sunday Aug 17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>R.F.D. Spickard Mo</u>
DATE REC'D BY LOCAL REG. <u>8-17-52</u>	REGISTRAR'S SIGNATURE <u>Irene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackburn</u> ADDRESS <u>Trenton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Di. Oliver.

SEP 11 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 \_\_\_\_\_

Student Embalmer No. 454

working under my personal supervision.

Student Harold F. Roberts  
Student Embalmer

Signed Jordan Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.