

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41663**

FILED JAN 6 - 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 8135 Registrar's No. 573

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE MISSOURI b. COUNTY STODDARD		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-ASH HILL	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DEXTER 1031	d. STREET ADDRESS (If rural, give location) 209 CASTOR ST.	
3. NAME OF DECEASED (Type or Print) a. (First) GAYLE b. (Middle) LARENCE c. (Last) ELLIS		4. DATE OF DEATH (Month) (Day) (Year) DEC. 19 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV. 11, 1935	
9. AGE (In years last birthday) 17	10. MONTHS 7	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) MISSOURI	
13a. FATHER'S NAME CLARENCE S. ELLIS		13b. MOTHER'S MAIDEN NAME LILLIAN YOUNGBLOOD	14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jean McNeely ADDRESS Poplar Bluff, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation Drowning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) automobile turning over in ditch after skidding on wet pavement 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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 88234		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) state highway	21c. (CITY, TOWN, OR TOWNSHIP) Poplar Bluff (COUNTY) Butler (STATE) Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 19-52 805 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Car Turned over in ditch water		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 805 P m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) George W. Greer Coroner		23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED Dec. 23-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-23-52	24c. NAME OF CEMETERY OR CREMATORY ASH HILL	24d. LOCATION (City, town, or county) (State) BUTLER MO.	
DATE REC'D BY LOCAL REG. Dec 24 1952	REGISTRAR'S SIGNATURE Wm. H. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE J.C. White ADDRESS Fisk, Mo.		

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

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RECEIVED
JAN 3 - 1953

BUTLER CO. HEALTH CENTER

FILE No. 153-5.

5236
1953

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed Philip J. Cassidy

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff, 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.