S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42511

State File No.

FILED JAN 6 1953

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 499

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (In this place): 30Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 125 E. Ruby St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 0485
d. STREET ADDRESS (If rural, give location): 125 E. Ruby St.

3. NAME OF DECEASED (Type or Print)
a. (First): MR.
b. (Middle): HARVEY
c. (Last): ELLIS

4. DATE OF DEATH (Month) (Day) (Year): Dec. 14, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: March 23, 1880

9. AGE (In years last birthday): 72
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Jackson Co. Near Indep, Mo 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Andrew Ellis

13b. MOTHER'S MAIDEN NAME: Mary Drane

14. NAME OF HUSBAND OR WIFE: Mrs Bessie 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.: 489-30-3163A

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Mrs Bessie Ellis 125 E. Ruby.

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) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 7 years

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.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: No operation 2001

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* July 24, 19 54, *to* Dec 14, 19 52, *that I last saw the deceased alive on* Dec 14, 19 52, *and that death occurred at* 6 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. H. Allen M.D.

23b. ADDRESS: Independence Mo

23c. DATE SIGNED: Dec 16, 19

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec. 17, 1952

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn

24d. LOCATION (City, town, or county) (State): Indep. Mo.

DATE REC'D BY LOCAL REG.: 12-16-52

REGISTRAR'S SIGNATURE: [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: O. H. Mitchell Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.