

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44376**

JAN 8 - 1953

BIRTH NO.		REG. DIST. NO. 371	PRIMARY REG. DIST. NO. 6260	Registrar's No. 23
1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WEBSTER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL EAST DALLAS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL EAST DALLAS		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1120		
3. NAME OF DECEASED (Type or Print) a. (First) ROSA		b. (Middle) ETTA		c. (Last) ELLIS
4. DATE OF DEATH (Month) (Day) (Year) DEC. 19 1952				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 23, 1879	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME GEORGE BARTON		13b. MOTHER'S MAIDEN NAME MARY J. CRIGER	14. NAME OF HUSBAND OR WIFE REV. FRED ELLIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME L. A. MATHA'S ADDRESS NORTHVIEW, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension. DUE TO (c) Arteriosclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No 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)		
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 June 16, 1946 , to Dec. 19, 1952 , that I last saw the deceased alive on Dec. 19, 1952 , and that death occurred at 4:00 A. M. , from the causes and on the date stated above.				
23a. SIGNATURE D. R. Schultz M.D. (Degree or title)		23b. ADDRESS Fordland, Mo.		23c. DATE SIGNED 1/3/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-23-52	24c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE CEM.	24d. LOCATION (City, town, or county) (State) WEBSTER CO. MO.	
DATE REC'D BY LOCAL REG. 1-3-53	REGISTRAR'S SIGNATURE Lester W. Good	25. FUNERAL DIRECTOR'S SIGNATURE W. K. Farrell ADDRESS Fordland, 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

H. H. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. *3334*

P. O. Address *Fardlow*

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.