No. 300
10.48

FILED FEB 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5321

State File No. .....

340

BIRTH NO. ..... REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5393 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Douglas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ava, R, Benton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Douglas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ava, Rural, Benton 0343
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Letitia
b. (Middle): Bralley
c. (Last): Ellison

4. DATE OF DEATH (Month) (Day) (Year): 1-27-53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-25-67
9. AGE (In years last birthday): 85 | 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ownhome
11. BIRTHPLACE (City and State or Foreign Country): Douglas County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Anslem Bralley
13b. MOTHER'S MAIDEN NAME: Rebecca Jenkins
14. NAME OF HUSBAND OR WIFE: A. M. Ellison

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Homer Hailey **ADDRESS**: Ava, 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) Pneumonia, Lobar — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 490 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 1-13, 1953, *to* 1-27, 1953, *that I last saw the deceased alive on* 1-25, 1953, *and that death occurred at* 11:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. C. E. Harlan (Degree or title) DO
23b. ADDRESS: Ava Mo
23c. DATE SIGNED: 2-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-30-53
24c. NAME OF CEMETERY OR CREMATORY: Ava
24d. LOCATION (City, town, or county) (State): Ava, Missouri

DATE REC'D BY LOCAL REG.: 2-9-53
REGISTRAR'S SIGNATURE: Vestal Buchman
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 27 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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Aura, 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.