

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8686**

FILED APR 14 1953

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia	c. LENGTH OF STAY (In this place) 12 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jasper 0870	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dougherty's Clinic		d. STREET ADDRESS (If rural, give location) 8 miles North Vandalia	

3. NAME OF DECEASED (Type or Print)	a. (First) Jesse	b. (Middle) Louis	c. (Last) Ellis	4. DATE OF DEATH (Month) (Day) (Year) April 6, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 18, 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 8 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain	11. BIRTHPLACE (City and State or Foreign Country) Ralls County, Missouri	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Robert Ellis	13b. MOTHER'S MAIDEN NAME Georgia Gregg	14. NAME OF HUSBAND OR WIFE Pearl Ellis, Vandalia, Missouri
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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 Pearl Ellis, Vandalia, Missouri	ADDRESS Vandalia, Missouri
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		12 wks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension DUE TO (c) Arteriosclerosis		8 yrs 8 yrs.
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 331 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 10, 1953, to April 6, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 3:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Dougherty	(Degree or title) Dr.	23b. ADDRESS Vandalia, Mo.	23c. DATE SIGNED 4/9/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	24d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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DATE RECD BY LOCAL REG. April 7, 1953	REGISTRAR'S SIGNATURE Malcolm Ferguson	25. FUNERAL DIRECTOR'S SIGNATURE William B. Waters	ADDRESS Vandalia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1981 0 8 AM

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 William B. Natus

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.