

FILED JUN 26 1953

STANDARD CERTIFICATE OF DEATH

State File No. 21365

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 104

0402

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

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPICKARD	
d. FULL NAME OF HOSPITAL OR INSTITUTION WRIGHT MEMORIAL HOSPITAL		d. STREET ADDRESS (If rural, give location) 0400	
3. NAME OF DECEASED a. (First) IDA b. (Middle) LOU c. (Last) ELLIS		4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC-29-1883
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (State or foreign country) MO.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME BUFORD COOPER	
13b. MOTHER'S MAIDEN NAME DRUSILLA COON		14. NAME OF HUSBAND OR WIFE PERRY ELLIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 500-09-6857	17. INFORMANT'S SIGNATURE OR NAME ADDRESS PERRY ELLIS SPICKARD 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Uremia ANTECEDENT CAUSES Acute Gangrenous Appendicitis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS 5501 Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION June 17 1953		19b. MAJOR FINDINGS OF OPERATION Acutely Chloroformed gangrenous Appendix	
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)		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 12th, 1953 , to June 18th, 1953 , that I last saw the deceased alive on June 12th, 1953 and that death occurred at 11:40 A.M. , from the causes, and on the date stated above.	
23a. SIGNATURE Oliver R. Duffy M.D.		23b. ADDRESS Trenton Mo.	
23c. DATE SIGNED June 19 1953		24a. BURIAL (CREMATION, REMOVAL, etc.) BURIAL	
24b. DATE JUNE 21 1953		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEM.	
24d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHOOLER FUNERAL HOME SPICKARD MO.	
DATE REC'D BY LOCAL REG. 6-21-53		REGISTRAR'S SIGNATURE Jane Jain	

JUN 26 1958

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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.