

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JUN 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5540 Registrar's No. 41

0440

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

1. PLACE OF DEATH a. COUNTY <b>Holt</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Oregon rural Nodaway</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Oregon rural Nodaway township</b>	
c. LENGTH OF STAY (in this place) <b>39 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Claude</b>		b. (Middle) <b>William</b>		c. (Last) <b>Ellis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 17 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 30 1880</b>	
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Forbes Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							

13a. FATHER'S NAME <b>William Monroe Ellis</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Adeline Kelley</b>		14. NAME OF HUSBAND OR WIFE <b>Celia Rosetta Ellis</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>William M. Ellis</b> ADDRESS <b>Savannah Missouri</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ruptured aortic aneurysm (abdominal)</b>					
		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 <b>451X</b>				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 6-7, 1953, to 6-17, 1953, that I last saw the deceased alive on 6-17, 1953, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. Perry M.D.</b> (Degree or title)		23b. ADDRESS <b>Mound City Mo</b>		23c. DATE SIGNED <b>6-20-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 20, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oregon</b>		24d. LOCATION (City, town, or county) (State) <b>Oregon Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>6-20-53</b>		REGISTRAR'S SIGNATURE <b>James H. Sawford</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James N. Perryjohn Oregon Mo</b> ADDRESS	
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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 James H. Crawford  
Licensed Embalmer No. 4796

P. O. Address Mound City, 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.