

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25530

State File No. ....

FILED JUL 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1-80 PRIMARY REG. DIST. NO. 4292 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WINFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WINFIELD</u>	
c. LENGTH OF STAY (in this place)		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED a. (First) <u>MODISETT</u> b. (Middle) <u>—</u> c. (Last) <u>ELLIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 21, 1953</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, <u>UNMARRIED</u>	8. DATE OF BIRTH <u>3-2-1876</u>	9. AGE (In years last birthday) <u>77</u>	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) <u>Retired Moulder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IRON FOUNDRY</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JOHN ELLIS</u>		13b. MOTHER'S MAIDEN NAME <u>KATHYRN PHARR</u>		14. NAME OF HUSBAND OR WIFE <u>NELLIE G. ELLIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>333-01-9791</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NELLIE G. ELLIS - WINFIELD</u>	

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				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		ANTECEDENT CAUSES				<u>sudden</u>	
DUE TO (b) <u>Embolism and Strain</u>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>sudden</u>	
DUE TO (c) <u>Chronic Myocarditis</u>		II. OTHER SIGNIFICANT CONDITIONS				<u>myocardial infarction</u>	
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchitis</u>				<u>longer</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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 Oct. 10, 1951, to July 21, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank L. Sutton</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Winfield, Mo.</u>			23c. DATE SIGNED <u>7/21/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-23-53</u>		24c. NAME OF CEMETERY <u>WINFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>WINFIELD, MO.</u>		
DATE REC'D BY LOCAL REG. <u>7-23-1953</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle '62</u>			FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ELSBERRY, MO</u>			

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

AUG 4

AUG 12

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.

*[Handwritten Signature]*

Signed \_\_\_\_\_

Student .....  
Student Embalmer

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.