

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29524

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 277

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	c. LENGTH OF STAY (In this place) <u>16 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> <u>0804</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1104 South Kentucky</u>		d. STREET ADDRESS (If rural, give location) <u>1104 South Kentucky</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>WARWICK</u> c. (Last) <u>ELLIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30, 1953</u>
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5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 27, 1877</u>	9. AGE (In years last birthday) <u>76</u> if UNDER 1 YEAR Months Days 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) <u>Photographer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Photography</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rostia, Colorado</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James L. Ellis</u>	13b. MOTHER'S MAIDEN NAME <u>Susan M. Hughes</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Housey Ellis</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Ellis, Sedalia, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>3 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS - <u>Cardiac decompensation</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic slow-onset emphysema</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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 March, 1952, to August 30, 1953, that I last saw the deceased alive on August 29, 1953, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Howell L. 2 D.O.</u>	23b. ADDRESS <u>Sedalia, Missouri</u>	23c. DATE SIGNED <u>8-31-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/1/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Windsor Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Windsor, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/1/53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1953 SEP 8

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 W. E. Ewing

Licensed Embalmer No. 3847

P. O. Address Seaside, 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.