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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32584

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 284

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (In this place) 47 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
d. STREET ADDRESS (If rural, give location) 910 South Lamine

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3. NAME OF DECEASED (Type or Print)
a. (First) ELLENA
b. (Middle)
c. (Last) NORTH

4. DATE OF DEATH (Month) (Day) (Year) September 18, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH October 24, 1873
9. AGE (In years last birthday) 79 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and State or Foreign Country) Glouchester, Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alexander Watson
13b. MOTHER'S MAIDEN NAME Mary E. Hodgkins
14. NAME OF HUSBAND OR WIFE Henry North (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. H.L. Williams, Sedalia, Mo. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Metastatic to Mesentery, Primary Undetermined — INTERVAL BETWEEN ONSET AND DEATH

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 1999
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-15-, 1953, *to* 9-18-, 1953, *that I last saw the deceased alive on* 9-18-, 1953 *and that death occurred at* 5.55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) P V Siegel MD
23b. ADDRESS Smithton Mo
23c. DATE SIGNED 9/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/21/1953
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
24d. LOCATION (City, town, or county) Sedalia, Missouri (State)

DATE REC'D BY LOCAL REG. 9-22-53
REGISTRAR'S SIGNATURE A. J. Campbell M 251
25. FUNERAL DIRECTOR'S SIGNATURE D W Neckart ADDRESS Sedalia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.