

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2261

State File No.

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Pettis 0804</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> d. STREET ADDRESS (If rural, give location) <u>314 E St Louis St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>314 E. St Louis St</u>		3. NAME OF DECEASED a. (First) <u>Lloyd</u> b. (Middle) <u>Evans</u> c. (Last) <u>Ellis</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-1954</u>	5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>
8. DATE OF BIRTH <u>7-24-1891</u>	9. AGE (In years last birthday) <u>62</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sedalia Mo</u>
11. BIRTHPLACE (State or foreign country) <u>U.S.A</u>	12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME <u>William C. Ellis</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Evans</u>
14. NAME OF HUSBAND OR WIFE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harry Hopkins</u> ADDRESS <u>Sedalia Mo</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Confagration</u>		
ANTECEDENT CAUSES		DUE TO (b)	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		<u>E9160</u> <u>16</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Mo</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 4 1954 3:45 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Home caught on fire</u>
22. I hereby certify that I <u>viewed</u> attended the deceased <u>as peroner</u> , <u>10</u> , that I last saw the deceased alive on <u>10</u> , and that death occurred at <u>3:45A</u> m., from the causes and on the date stated above.		

23a. SIGNATURE <u>Chas. Gordon Hauffjuche MD</u> (Degree or title)	23b. ADDRESS <u>Coverly Pettis Co</u>	23c. DATE SIGNED <u>1-7-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-8-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis Mo</u>		

DATE REC'D BY LOCAL REG. <u>1/29/54</u>	REGISTRAR'S SIGNATURE <u>H. G. Campbell MD</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>J. D. Ferguson</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

SEAP 17 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. D. Ferguson

Signed.....
Student Embalmer

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.