

10. 48 FILED MAR 22 1954

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 79

D. Conf #

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri		b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 1 Day		c. CITY OR TOWN Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 723 Houchin Street 0264			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Cynthia	b. (Middle) Lou	c. (Last) Ells	(Month) March	(Day) 15	(Year) 1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March-14-1954	9. AGE (In years last birthday) —	IF UNDER 1 YEAR Months —	IF UNDER 12 HRS. Hours —	IF UNDER 1 MIN. Min. 20	38
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry W. Ells, Jr.	13b. MOTHER'S MAIDEN NAME Bonnie May Dunlap	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME H.W. Ells, Jr.	ADDRESS Jefferson City, Mo.
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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 24 hr - 38 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (24 wk gestation)		
	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.			

19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 14, 1954, to March 15, 1954, that I last saw the deceased alive on March 15, 1954, and that death occurred at 9:58 A.M., from the causes and on the date stated above.

23a. SIGNATURE William A. Cox M.D.	23b. ADDRESS 125 E High St. Jefferson City, Mo.	23c. DATE SIGNED 3-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 16, 1954	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
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DATE REC'D BY LOCAL REG. Mar 19-54	REGISTRAR'S SIGNATURE R. P. Dorris M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Bob Jordan	ADDRESS Jefferson City, Mo
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**STATEMENT BY LICENSED EMBALMER**

*Mos*

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.....  
Signature of Student Embalmer

Signed *Ray J. Gordon*

Licensed Embalmer No. *1786*  
P. O. Address *Jeff City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.