

FILED MAR 23 1954 STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5157 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Mo. b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give town) Rural St. Michael		c. CITY (If outside corporate limits, write RURAL and give township) Rural St. Michael Townsh ip 0	
c. LENGTH OF STAY (in this place) 72 yrs		d. STREET ADDRESS (If rural, give location) Rt. #1 Fredericktown	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #1, Fredericktown			

3. NAME OF DECEASED (Type or Print) a. (First) Emma	b. (Middle) Victorine	c. (Last) Ellis	4. DATE OF DEATH (Month) (Day) (Year) March 6, 1 954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov. 24, 1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 3 Days 12	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Madison County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Moses Ellis	13b. MOTHER'S MAIDEN NAME Mary Duchouquette	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Genevieve Ellis, RT. #1 Fredericktown	ADDRESS RT. #1 Fredericktown
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral emboli</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension and arteriosclerosis years</i> DUE TO (c) <i>This party was under my constant</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Care for 8 years or more</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>332 X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 *1918* to *1954*, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>S. Schwaartz M.D.</i>	23b. ADDRESS <i>135 W Main Fredericktown</i>	23c. DATE SIGNED <i>3/15/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>3/9/54</i>	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Madison County, Mo.
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DATE REC'D BY LOCAL REG. <i>3-15-1954</i>	REGISTRAR'S SIGNATURE <i>Herence Hicks</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Najim Funeral Home</i>	ADDRESS Fredericktown, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPT.
FREDERICKTOWN, MD.
RECEIVED
MAR 22 1954
RECEIVED
FILE No. 337-17

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 Charles McCarty

Signed.....
Student Embalmer

Licensed Embalmer No. 4852

P. O. Address Fredericktown, Md.

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.