

FILED MAY 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6082 Registrar's No. 71

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arrow Rock</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arrow Rock</u>                                      |  |
| c. LENGTH OF STAY (in this place) <u>4 years</u>  |  | d. STREET ADDRESS (If rural, give location) <u>10 miles east of Marshall</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 miles east of Marshall</u>                              |  | e. STREET ADDRESS (If rural, give location) <u>10 miles east of Marshall</u>   |  |

|   |  |
|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Jordan</u> c. (Last) <u>Ellis</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 30th, 1954.</u> |
|---|--|

|                    |                               |   |                                      |   |   |   |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 22, 1874</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u> | IF UNDER 6 HRS Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|--------------------------------------|---|---|---|

|  |   |   |  |
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| 10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <u>Merchant, Ret.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery &amp; feed</u> | 11. BIRTHPLACE (State or foreign country) <u>Cooper County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>William F. Ellis</u> | 13b. MOTHER'S MAIDEN NAME <u>Sally Jane Poindexter</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>525-54-5112</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs R.C. Cameron, Marshall, Mo.</u> | ADDRESS _____ |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 <u>Instant</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <u>Hypertension</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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) _____ | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
|--|--|----------------------------------|

22. I hereby certify that I attended the deceased from made an investigation 5-1-54, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9 p.m., from the causes and on the date stated above.

|   |                                   |                                |
|---|-----------------------------------|--------------------------------|
| 23. SIGNATURE (Degree or title) <u>C. L. Laubach M.D. Coroner Saline, Mo.</u> | 24b. ADDRESS <u>Marshall, Mo.</u> | 23c. DATE SIGNED <u>5-1-54</u> |
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|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>May 1st, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Syracuse, Mo.</u> |
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|  |   |  |                              |
|--|---|--|------------------------------|
| DATE REC'D BY LOCAL REG. <u>5-1-1954</u> | REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u> | ADDRESS <u>Marshall, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-28

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.....

*RW Campbell Jr*

Licensed Embalmer No. *3469*

P. O. Address. *Marshall M*

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.