No. 300
10.48

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

FILED DEC 30 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41451

BIRTH NO. ____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 250

**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): New Cafe--5th & Grant

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 415 Euclid

0493

**3. NAME OF DECEASED** (Type or Print)
a. (First): Lawrence
b. (Middle): Edward
c. (Last): Ellis

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 18, 1954

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov. 15, 1906
**9. AGE** (In years last birthday): 48
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): Salesman
**10b. KIND OF BUSINESS OR INDUSTRY**: Salesman
**11. BIRTHPLACE** (City and State or Foreign Country): Lawrence County, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Edward G. Ellis
**13b. MOTHER'S MAIDEN NAME**: Oda Hubbard
**14. NAME OF HUSBAND OR WIFE**: Lela Glossin Ellis

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II
**16. SOCIAL SECURITY NO.**: 490-10-1973
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Lela Ellis, Carthage, Mo.

**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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Angina Pectoris — 3 months
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**
4201
**20. AUTOPSY?** YES [ ] NO [X]

**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* 11/11, 1949, *to* 12/17, 1954, *that I last saw the deceased alive on* 12/17, 1954, *and that death occurred at* 10:30 A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): W. Russel Smith, M.D.
**23b. ADDRESS**: Carthage, Missouri
**23c. DATE SIGNED**: 12/20/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Dec 21, 1954
**24c. NAME OF CEMETERY OR CREMATORY**: Mahle Park Cemetery
**24d. LOCATION** (City, town, or county) (State): Aurora, Mo.

**DATE REC'D BY LOCAL REG.**: 12-20-54
**REGISTRAR'S SIGNATURE**: Ely Clinton
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Knell Mortuary, Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Robert H. Knell.....

Licensed Embalmer No...445

P. O. Address..Carthag

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.