

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

State File No. **5500**

No. 300
10-48

FILED MAR 10 1955

BIRTH NO. _____		REG. DIST. NO. 385		PRIMARY REG. DIST. NO. 3039		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline			c. LENGTH OF STAY (In this place) 20	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline			0581
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) W. Gracia			
3. NAME OF DECEASED (Type or Print) a. (First) Susie		b. (Middle) Melvina		c. (Last) Ellis		4. DATE OF DEATH (Month) (Day) (Year) 3 2 55	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 9/5/55		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) New Boston, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John M. Jones			13b. MOTHER'S MAIDEN NAME Francis Davis		14. NAME OF HUSBAND OR WIFE William Ellis		
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 ADDRESS William Ellis Marceline, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Lungs & metastasis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis, hypotension, debility due to					INTERVAL BETWEEN ONSET AND 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 Oct , 19 54 , to Mar , 19 55 , that I last saw the deceased alive on Mar 2 , 19 55 , and that death occurred at 9:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James G. Goy				23b. ADDRESS Marceline Mo.		23c. DATE SIGNED 3-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 3/4/55	24c. NAME OF CEMETERY OR CREMATORY Mt Olivet		24d. LOCATION (City, town, or county) (State) Marceline, Mo		
DATE REC'D BY LOCAL REG. 3-3-55		REGISTRAR'S SIGNATURE Mary J. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE James M. Laughlin		ADDRESS Marceline	

(Licensee's Embalmers' Statement on Reverse Side)

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

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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 *George R. Vannell*

Licensed Embalmer No. *4425*

P. O. Address *Mercedine, Mo.*

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.