

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1955

State File No. 5794

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

BIRTH NO. _____		REG. DIST. NO. <u>278</u>		PRIMARY REG. DIST. NO. <u>3054</u>		Registrar's No. <u>31</u>			
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>			c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Vandalia</u>			d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>800 South Main Street</u>				<u>0041 /</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Curry</u>		b. (Middle) <u>Biggs</u>		c. (Last) <u>Ellis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Nov 23, 1873</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Madisonville Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Walter Ellis</u>			13b. MOTHER'S MAIDEN NAME <u>Fannie Yaeger</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Will Ellis, Ellsberry, Missouri</u>					ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>							
		ANTECEDENT CAUSES							
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last..</p> <p>DUE TO (b) <u>Arterioscleratic Cardio vascular renal disease, with anuria</u></p> <p>DUE TO (c) <u>Cerebral vascular accident with paraplegia.</u></p>							
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						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<u>3-31 X</u>			
21d. TIME OF INJURY <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>					
22. I hereby certify that I attended the deceased from <u>11-9, 1954</u> , to <u>2-12, 1955</u> , that I last saw the deceased alive on <u>2-12, 1955</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Bernice Callier</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Wandalia MO</u>				23c. DATE SIGNED <u>3-8-55</u>	
24a. BURIAL, CREMATION, RITUAL (Specify)		24b. DATE <u>Feb 16, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>March 4, 1955</u>		REGISTRAR'S SIGNATURE <u>Bernice Callier</u>			FUNERAL DIRECTOR'S SIGNATURE <u>William B Waters</u>			ADDRESS <u>Vandalia, Mo.</u>	

APR 18 1958

JAN 2 1957

JUN 19 1958

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.....
Signature of Student Embalmer

Signed *William B. Waters*

Licensed Embalmer No. *416*

P. O. Address *Vandalia*

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.