

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12703

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) E. CALDWELL ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. CALDWELL ST.			

3. NAME OF DECEASED (Type or Print)	a. (First) ELLA	b. (Middle) E.	c. (Last) PELSUE	4. DATE OF DEATH (Month) (Day) (Year) APRIL 16, 1955
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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 APR. 23, 1872	9. AGE (In years last birthday) 82	# UNDER 1 YEAR 11	# UNDER 24 HRS. 23	# UNDER 24 HRS. 23
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TROP. OF BOARDING HOUSE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) PARIS, MO. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME OPPRIS W. PELSUE	13b. MOTHER'S MAIDEN NAME SAPHIORRIA HARNES	14. NAME OF HUSBAND OR WIFE 2
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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. ✓	17. INFORMANT'S SIGNATURE OR NAME HARVEY W. SHATZER	ADDRESS PARIS, MO.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES DUE TO (b) Dehydration		
	DUE TO (c) (CORONARY HEART DISEASE)		
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? 4001 YES <input type="checkbox"/> NO <input checked="" 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)	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 identified the deceased from **Jan 16, 1955** to **APR 16, 1955**, that I last saw the deceased alive on **APR 15, 1955**, and that death occurred at **4:12 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 4-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 17, 1955	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, MO.
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DATE REC'D BY LOCAL REG. 4-16-55	REGISTRAR'S SIGNATURE F. A. Barnett, M.D.	435	25. GENERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS PARIS, MISSOURI
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(Licensed Embalmer's Signature on Reverse Side)

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

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0690

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 *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.