

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14391

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

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6104</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JAMES</u>				
b. CITY OR TOWN <u>RURAL MILLER</u>		c. LENGTH OF STAY (In this place) <u>70 YRS</u>		c. CITY OR TOWN <u>JAMES</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>E 0990</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>IRA</u> c. (Last) <u>ELLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 11 1955</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-25-1881</u>		
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>9</u>		11. DAYS <u>16</u>		9. AGE (In years last birthday) <u>73</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>VAN BUREN Co. IOWA</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				13a. FATHER'S NAME <u>SAMPSON ELLER</u>				
13b. MOTHER'S MAIDEN NAME <u>MARJORIE HUBBARD</u>				14. NAME OF HUSBAND OR WIFE <u>MAUD ELLER</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no (unknown)) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maud Eller</u>		ADDRESS <u>MEMPHIS</u>		
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> <u>5 yrs.</u>	
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) (Minute) _____		
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 <u>Apr 11, 1955</u> , to <u>Apr 11, 1955</u> , that I last saw the deceased alive on <u>Apr 11, 1955</u> , and that death occurred at <u>8:00 P. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. E. Summons D.O.</u>				23b. ADDRESS <u>Memphis, Mo</u>		23c. DATE SIGNED <u>4/19/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-14-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RICHLAND</u>		24d. LOCATION (City, town, or county) (State) <u>SCOTLAND Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>4/16/55</u>		REGISTRAR'S SIGNATURE <u>Vera G. Purrier</u>		53. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Warner</u>		ADDRESS <u>MEMPHIS</u>		

(Licensed Embalmer's 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.....  
Signature of Student Embalmer

Signed..... Neal Payne .....

Licensed Embalmer No. 2559

P. O. Address Memphis, Tenn.

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.