

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15831

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY JEFFERSON			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY PERRY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MERAMEC 4 1/2 MILES		c. LENGTH OF STAY (in this place) 4 1/2 MONTHS	c. CITY OR TOWN PERRYVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOSEPH'S HILL INFIRMARY			e. STREET ADDRESS (If rural, give location) ROUTE 4 0790		
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) P. c. (Last) ELLIS			4. DATE OF DEATH (Month) (Day) (Year) MAY 20 1955		
5. SEX M ^o	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 12/18/1884	9. AGE (In years last birthday) 70	UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) PERRYVILLE, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SAMUEL ELLIS		13b. MOTHER'S MAIDEN NAME MATHILDA MANNING		14. NAME OF HUSBAND OR WIFE ALBERTEEN TAYLOR	
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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Bro. Ruby St. Joseph's Hill Inf. Perryville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ARTERIOSCLEROSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) THROMBOSIS OF DISTAL AORTA (BERICHE SYNDROME) DUE TO (c) GOUTY ARTHRITIS II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 454X		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 1/1, 1955, to 5/20, 1955, that I last saw the deceased alive on 5/20, 1955, and that death occurred at 10:00 p. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. Mardis M.D.			23b. ADDRESS 4323 ROLAND DR. NORMANDY 21, MO.		23c. DATE SIGNED 5/21/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-21-55	24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Perryville, Missouri	
DATE REC'D BY LOCAL REG. 5-28-55	REGISTRAR'S SIGNATURE Ruth Jiras 434		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe, 4700 Washington		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 2 1955

MISSOURI
NTPP

YS DEC 7 1955
1 YB DEC 7 1955

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 *H. W. Welbourn*

Licensed Embalmer No. 35

P. O. Address *S. Lane*

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.