

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29202

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3009 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Gib.	
b. CITY (If outside corporate limits, write RURAL, and give township) Jackson Mo.		c. CITY OR TOWN Jackson	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 950 East Adam		STREET ADDRESS (If rural, give location) 950 East Adam St.	

3. NAME OF DECEASED (Type or Print) a. (First) Kerry b. (Middle) Lee c. (Last) Ellis			4. DATE OF DEATH (Month) (Day) (Year) Sept 16, 1955		
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 2 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months - Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Bollinger County Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Frank Ellis	13b. MOTHER'S MAIDEN NAME Hanna Grindstaff	14. NAME OF HUSBAND OR WIFE Myrtle B Ellis
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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. 490-28-5556	17. INFORMANT'S SIGNATURE, OR NAME Mrs. Myrtle Ellis	ADDRESS Jackson
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Rectum		INTERVAL BETWEEN ONSET AND DEATH 3 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 154X		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION Nov 1953	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Rectum	20. AUTOPSY? 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)
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?

22. I hereby certify that I attended the deceased from **Nov. 1953**, to **Sept 16, 1955**, that I last saw the deceased **alive on Sep 13, 1955**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. L. Salbaugh M.D.	(Degree or title)	23b. ADDRESS Cape Girardeau Mo.	23c. DATE SIGNED 9-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Poplar Bluff Mo.	24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo.
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DATE REC'D BY LOCAL REG. 9-22-55	REGISTRAR'S SIGNATURE C. G. Summers	25. FUNERAL DIRECTOR'S SIGNATURE C. A. Homan	ADDRESS Madriand Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1 1952

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 Neil Grossheider....., Student Embalmer No. 52 working under my personal supervision..

Student Neil H. Grossheider
Signature of Student Embalmer

Signed W. H. Estes.....

Licensed Embalmer No. 35

P. O. Address Page Hi

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.