No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 1956

State File No. 13013

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 418

1. PLACE OF DEATH
a. COUNTY: Greene Springfield
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, N. Campbell Twp ~~Greene~~ Springfield
c. LENGTH OF STAY (In this place): 7 Mon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunshine Acres County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Greene
c. CITY OR TOWN: Rural, N. Campbell Twp Springfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Sunshine Acres County Home 0390

3. NAME OF DECEASED (Type or Print): a. (First) FLORA b. (Middle) c. (Last) ELLIS

4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 56

5. SEX: female

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8 20 1879

9. AGE (In years last birthday): 77 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pensioner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Perio Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lows Parks

13b. MOTHER'S MAIDEN NAME: Elizabeth Russel

14. NAME OF HUSBAND OR WIFE: widowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Nettie Robinson 1035 W Central

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) C V A. — 1 mo

DUE TO (c) Generalized Arteriosclerosis — 10 yr

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: 33 1/X

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* April 29, 1956, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8.30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Earl D. Russell (Degree or title): MD

23b. ADDRESS: Springfield Mo.

23c. DATE SIGNED: 5-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 5-2-56

24c. NAME OF CEMETERY OR CREMATORY: Hazlewood

24d. LOCATION (City, town, or county) (State): Springfield Mo

DATE REC'D BY LOCAL REG.: 5-2-56

REGISTRAR'S SIGNATURE: Ernest Wilkerson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.V. Smith 602 N. Jefferson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Herbert V. Smith.....

Licensed Embalmer No. 428

P. O. Address Springfie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.