

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24931

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5885**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Fredericktown</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>Route 1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Annie</b>	b. (Middle) <b>Mary</b>	c. (Last) <b>Ellis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Jan. 6, 1872</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fredericktown, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Unknown Dickey</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Rhodas</b>	14. NAME OF HUSBAND OR WIFE <b>William J. Ellis</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Genevieve Ellis</b>	ADDRESS <b>Fredericktown, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) <i>Chronic</i> <i>Myocardial failure</i> <i>due to</i> <i>congestive intertracheal</i> <i>fracture</i> <i>9 days</i> <i>General debility</i> <i>2 wks</i> <i>senile changes</i> <i>Chronic</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (b) _____		
* This does not mean the death being such as heart failure, pneumonia, etc. It means the disease, the use or complication which caused death.		DUE TO (c) _____	
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 <b>No major surgery</b>	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, shop, factory, street, office, etc.) <b>Garage</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Fredericktown Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell in home</b>
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22. I hereby certify that I attended the deceased from **6/19/56**, 19\_\_ to **6/19/56**, 19\_\_ and that death occurred at **10:30 p.m.**, from the causes and on the date stated above. I last saw the deceased alive on **6/19/56**.

23a. SIGNATURE <b>Maunier B. Reeler</b>	(Degree or title) <b>U.S.</b>	23b. ADDRESS <b>3720 Washington Ave</b>	23c. DATE SIGNED <b>6/20/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-20-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fredericktown, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 21 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Najim Funeral Home</b>	ADDRESS <b>Fredericktown, Mo.</b>
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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 *Elmer R. Jadin*.....

Licensed Embalmer No. *407*.....

P. O. Address *St. Louis*.....

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.