Health, & Welfare
Public
Service

6. 300
1-56

FILED AUG 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25952
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY: BATES
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BUTLER — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 600 S. MECHANIC — Length of stay in Ib: LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: BATES
c. CITY OR TOWN: BUTLER — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 600 S. MECHANIC — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First CHARLES, Middle W., Last ELLIS
4. DATE OF DEATH: Month AUG, Day 16, Year 56
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: JUNE 13 1886
9. AGE (In years last birthday): 70 — 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): PRINTER
10b. KIND OF BUSINESS OR INDUSTRY: JOB-PRINTING
11. BIRTHPLACE (City and state or country): BATES CO-MO.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ISAAC H. ELLIS
14. MOTHER'S MAIDEN NAME: ELIZA LAMB
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.: 510-03-3216
17. INFORMANT: BLAKUN ELLIS — Address: BUTLER MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the Bladder with metastases — 8 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 181 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) — None
20c. TIME OF INJURY: Hour a. m. p. m., Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1952, to August 16, 1956 and last saw ~~her~~ him alive on 8/16/56
Death occurred at 8:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Douglas Donald (Degree or title) — 22b. ADDRESS: Butler, Mo. — 22c. DATE SIGNED: 8/18/56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE: 8-18-56 — 23c. NAME OF CEMETERY OR CREMATORY: OAKHILL — 23d. LOCATION (City, town, or county) (State): BUTLER MO.

24. FUNERAL DIRECTOR: CULVER UNDERWOOD — ADDRESS: BUTLER MO
25. DATE RECD. BY LOCAL REG.: Aug. 18-1956
26. REGISTRAR'S SIGNATURE: Kendall Kersey

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

7-0

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 John G. Underwoo

Licensed Embalmer No. 35 B

P. O. Address Butler

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.