

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1957

41038

STATE FILE NUMBER

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Malden</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Malden</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>N. EDWARDS</u>			Length of stay in 1b <u>12 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>N. EDWARDS</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>Ellis</u> Last <u>Ellis</u>				4. DATE OF DEATH Month <u>Dec</u> , Day <u>25</u> , Year <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>married</u> <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct, 5, 1896</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>35</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>WWI</u>			16. SOCIAL SECURITY NO. <u>431-18-2518</u>		17. INFORMANT Address <u>Hardenia Ellis, Malden Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>my mother</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
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)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4222</u>				
20c. TIME OF INJURY Hour <u>12:15</u> Month <u>Dec</u> , Day <u>25</u> , Year <u>1956</u> a. m. <u>A.M.</u> p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Malden</u>		COUNTY <u>Dunklin</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>Jan 1-56</u> to <u>Dec 25-56</u> and last saw her alive on <u>Dec 25</u> Death occurred at <u>12:15 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree of title) <u>J. Dr. Johnson</u>					22b. ADDRESS <u>Malden</u>		22c. DATE SIGNED <u>Dec 29 56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Dec. 30, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Clarkton Colored</u>		23d. LOCATION (City, town, or county) (State) <u>Clarkton Mo</u>		
24. FUNERAL DIRECTOR <u>Waltham Funeral Service</u>			ADDRESS <u>Parma, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-29-56</u>	26. REGISTRAR'S SIGNATURE <u>J. Dr. Johnson</u>	

(Licensed Embalmer's Statement on Reverse Side)

036-1  
 00 56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Doctor, coroner, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 12-31-56  
COUNTY FILE NUMBER 1256-

1957

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 *Earl Matlock* .....

Licensed Embalmer No. 49

P. O. Address *Dexter* .....

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