

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20556**

FILED JUL 2 - 1957

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4168 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY OR TOWN Maysville		c. CITY OR TOWN Maysville	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0520	

3. NAME OF DECEASED (Type or Print) a. (First) OLLIE b. (Middle) J. c. (Last) ELLIS			4. DATE OF DEATH (Month) (Day) (Year) June 21 1957		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 30 1882		9. AGE (In years last birthday) 74		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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.		
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13a. FATHER'S NAME Jesse Clark			13b. MOTHER'S MAIDEN NAME Mary Noble			14. NAME OF HUSBAND OR WIFE Oscar 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oscar Ellis, Maysville Missouri			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Co Pulmonale</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H343						20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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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) (Min.)		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 June 19, 1957, to June 21, 1957, that I last saw the deceased alive on June 21, 1957, and that death occurred at 2:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) E. J. Deitz		23b. ADDRESS Stewartsville Mo		23c. DATE SIGNED 6/22-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/23-57		24c. NAME OF CEMETERY OR CREMATORY Amity		24d. LOCATION (City, town, or county) (State) Amity, Missouri	
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DATE REC'D BY LOCAL REG. 6/22-57		REGISTRAR'S SIGNATURE Roscoe Pearson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME MAYSVILLE MISSOURI	
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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..... C. T. Piche

Licensed Embalmer No... 3960

P. O. Address Maysville, Mo.

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.