No. 300
10.48

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

FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25182

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 50 1

0520 1

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina
c. LENGTH OF STAY (in this place): sev yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Knox
c. CITY OR TOWN: Edina
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0520 0

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

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1957

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 22 Mar 1877
9. AGE (In years last birthday): 80
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): homekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Homekeeper
11. BIRTHPLACE (City and State or Foreign Country): Knox County
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Henry Parrish
13b. MOTHER'S MAIDEN NAME: Cordelia Ann Davis
14. NAME OF HUSBAND OR WIFE: Pearl Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Pearl Ellis
ADDRESS: Edina, Mo

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) Acute Exsanguination — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Spontaneous Hemorrhage into ~~Alimentary Tract~~
DUE TO (c) Primary Carcinoma of Pancreas

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: 157X
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* May 15, 1957, *to* July 15, 1957, *that I last saw the deceased alive on* July 15, 1957, *and that death occurred at* 7:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cornelius D.O.
23b. ADDRESS: Edina, Mo.
23c. DATE SIGNED: July 22, '57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 23 July '57
24c. NAME OF CEMETERY OR CREMATORY: Linville Cemetery
24d. LOCATION (City, town, or county) (State): Edina, Missouri

DATE REC'D BY LOCAL REG. July 26
REGISTRAR'S SIGNATURE: Nelle A Humolt
25. FUNERAL DIRECTOR'S SIGNATURE: A G Turner
ADDRESS: Edina, Mo

(Licensed Embalmer's Statement on Reverse Side)

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AUG 2 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by A. S. Grimes, Student Embalmer No. 544

working under my personal supervision..

Student A S Grimes
Signature of Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 29

P. O. Address Edina

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