No. 300
10.48

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32654

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 354

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

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (in this place): 4 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LEVERING HOSPITAL

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

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): LEE
c. (Last): ELY

4. DATE OF DEATH (Month) SEPT (Day) 10 (Year) 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC 14, 1871
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 8, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (RET)
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (City and State or Foreign Country): RALLS COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HANDKERSON W. ELY
13b. MOTHER'S MAIDEN NAME: MARY HANNAH ROUSE
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME: Delbert Ely — ADDRESS: Monroe City, Mo R 2

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) Carcinoma of prostate with metastasis
Bronchial pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 177X
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* 8-10-57, 19__, *to* 9-11-57, 19__, *that I last saw the deceased alive on* 9-11-57, 19__, *and that death occurred at* 11.20 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — **23b. ADDRESS**: Hannibal Mo — **23c. DATE SIGNED**: Sept 14/57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-14-57
24c. NAME OF CEMETERY OR CREMATORY: DEMOSS CHAPEL
24d. LOCATION (City, town, or county) (State): MONROE CITY, MO R 2

DATE REC'D BY LOCAL REG.: 9/16/57
REGISTRAR'S SIGNATURE: Dr EM Lucke By W C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson & Son's — ADDRESS: Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

89

RECEIVED SEP 19 1957
MARION CO. HEALTH DEPT.
DATE FILED SEP 19 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by .....Me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No...3014..

P. O. Address...MONROE CITY,.

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