

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32888**
Registrar's No. **389**

FILED SEP 23 1957

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 389	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 5-29		c. CITY OR TOWN Smithton		d. Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell				e. STREET ADDRESS (If rural, give location) 0 1 0			
3. NAME OF DECEASED (Type or Print) a. (First) Rachel		b. (Middle) Bell		c. (Last) Ellison		4. DATE OF DEATH (Month) (Day) (Year) Sept 18-57	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 19-85	
9. AGE (In years last birthday) 71		10. MONTHS 11		11. DAYS 27		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Ottoville MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Linsey		13b. MOTHER'S MAIDEN NAME Engenia Lewis		14. NAME OF HUSBAND OR WIFE Charles Ellison Smithton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-40-5076		17. INFORMANT'S SIGNATURE OR NAME Charles Ellison Smithton			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 9 mos	
		ANTECEDENT CAUSES Morbidity 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. Diabetes				2 or 3 yrs	
19a. DATE OF OPERATION July 8-57		19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast				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) 170X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		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 about 1919 to Sept 18, 1957 , that I last saw the deceased alive on Sept 17, 1957 , and that death occurred at 12-00 m., from the causes and on the date stated above.							
23a. SIGNATURE A. L. Walter				23b. ADDRESS Sedalia MO		23c. DATE SIGNED Sept 20-1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-21-57		24c. NAME OF CEMETERY OR CREMATORY Smithton		24d. LOCATION (City, town, or county) (State) Smithton MO	
DATE REC'D BY LOCAL REG. 9-20-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE A. F. Henninger			
				ADDRESS Smithton MO			

SEP 26 1957

JAN 28 1958

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.....*A. F. Neumeyer*

Licensed Embalmer No. *3912*

P. O. Address *Amritown N.*

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.