

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013683
State File No.

FILED MAY 6 1958

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5346 Registrar's No. 58-31

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Rural So. Morgan twp.</u>	c. LENGTH OF STAY (In this place) <u>36 yrs.</u>	c. CITY OR TOWN <u>Dadeville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. E. of Dadeville</u>		STREET ADDRESS (If rural, give location) <u>Rt #1; 1 mi E. of town</u>	

3. NAME OF DECEASED (Type or Print) <u>Maud</u>	a. (First)	b. (Middle) <u>-</u>	c. (Last) <u>Ellis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 26, 1958</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 16, 1879</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dade County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>C. L. Pyle</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Hayward</u>	14. NAME OF HUSBAND OR WIFE <u>B. F. Ellis</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. B.F. Ellis; Rt #1, Dadeville, Mo.</u>	ADDRESS <u>Ma</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Block</u>	ANTECEDENT CAUSES		
<i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u>		
	DUE TO (c)		
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	20. AUTOPSY? <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 19, 1958, to Apr. 26, 1958, that I last saw the deceased alive on April 19, 1958, and that death occurred at 1:35 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W O Cowan M.D.</u>	23b. ADDRESS <u>Greenfield, Mo.</u>	23c. DATE SIGNED <u>4-28-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 28, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dadeville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/28/58</u>	REGISTRAR'S SIGNATURE <u>J. C. Canada</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	ADDRESS <u>Greenfield, Mo.</u>
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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 *J. C. Canada*

Licensed Embalmer No. *4196*

P. O. Address *Greenfield,*

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.