Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002480
STATE FILE NUMBER

FILED JAN 15 1959 Registration District No. 291 Primary Registration District No. 5998 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Putnam b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Powersville York — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) city — Length of stay in 1b life	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam c. CITY OR TOWN Powersville c 866 c — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) city — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Henry — Middle Edward — Last Ellis

4. DATE OF DEATH: Month Jan. Day 1 Year 1959

5. SEX: M c

6. COLOR OR RACE: W

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 7, 1875

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 2 Days 24 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Putnam Co. Mo. c

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Thomas L. Ellis

13b. MOTHER'S MAIDEN NAME: Martha E. Miller

14. NAME OF HUSBAND OR WIFE: Mary A. Ellis

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.: none

17. INFORMANT: Mary A. Ellis — Address: Powersville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Chronic glomerular Nephritis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) senility

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 592x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-8-58 to 1-6-59 and last saw him alive on 11-4-58

Death occurred at 1-1-59-23* A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L.W. McDonald (Degree or title) DO — 22b. ADDRESS Unionville, Mo. — 22c. DATE SIGNED 1-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) B — 23b. DATE 1-3-59 — 23c. NAME OF CEMETERY OR CREMATORY Wyreka Cem. — 23d. LOCATION (City, town, or county) Powersville, Mo. (State)

24. FUNERAL DIRECTOR F.O. Husted & Son — ADDRESS Unionville, Mo.

25. DATE RECD. BY LOCAL REG. 1-9-59

26. REGISTRAR'S SIGNATURE Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 11

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 Merl E. Hurstel

Licensed Embalmer No. 3307

P. O. Address Amonville

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.