

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016213

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 37

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 8 1961

1. PLACE OF DEATH
 a. COUNTY Texas
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Houston Length of stay in lb
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Texas Co. Memorial Hospital Inside Limits No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE TX b. COUNTY Texas
 c. CITY OR TOWN Licking Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) South Main Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Mura ELLEN Ellis

4. DATE OF DEATH Month Day Year
April 29, 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 8-13-1907 9. AGE (last birthday) 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired Restaurant Operator 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) Licking MO 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Keeney 13b. MOTHER'S MAIDEN NAME Emma Ellen Harmon 14. NAME OF HUSBAND OR WIFE K.P. Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO 17. INFORMANT K.P. Ellis Address Licking MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Intra-pulmonary Hemorrhage
 DUE TO (b) Carcinomatous Secondary
 DUE TO (c) Metastases from Primary Carcinoma of Cervix
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? A YES NO 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 Month, Day, Year
 a.m. p.m.

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 Mar. 5, 1958 to April 29, 1961 and last saw her alive on Apr. 29, 1961
 Death occurred at 10:55 a on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title) J.J. Dursum 22b. ADDRESS Houston, Mo. 22c. DATE SIGNED 5/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-2-61 23c. NAME OF CEMETERY OR CREMATORY Licking Mo 23d. LOCATION (City, town, or county) (State) Licking MO

24. FUNERAL DIRECTOR Smith-Ferguson, Licking MO ADDRESS 25. DATE RECD. BY LOCAL REG. 5-4-61 26. REGISTRAR'S SIGNATURE Myrtle Craig m.o.

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 Ernest Ferguson

Licensed Embalmer No. 3948

P. O. Address Licking

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.