

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 5510 Registrar's No. 276

DO NOT WRITE ON THIS STUB

9. 0
10a. 74
10b.
11. 0
12. 1
13. 571-0
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4.0420

5. 90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.0420

PARENTS

CAUSE

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Clifford BAYTER ELLIS			Male	3. 12/6/1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. 1. SPECIFY		AGE—LAST BIRTHDAY (YEARS) 2a.	UNDER 1 YEAR 2b. MOS. DAYS	UNDER 1 DAY 2c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 3.	
4. White		5a. 74			6. July 6, 1894	
CITY, TOWN, OR LOCATION OF DEATH 7a.			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b.			
Deepwater			R.R. 1, Deepwater			
1. Missouri		9. U.S.A.		10. MARRIED		11. Mrs. Adeline ELLIS
SOCIAL SECURITY NUMBER 12. 429-60-0035		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. RETIRED PLASTERER		KIND OF BUSINESS OR INDUSTRY 13b. PLASTERING CONTRACTING		
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. Henry		CITY, TOWN, OR LOCATION 14c. Deepwater		14d. NO
FATHER—NAME FIRST MIDDLE LAST 15. Orlando ELLIS			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Emma BAYTER			
INFORMANT—NAME 17a. Adeline ELLIS			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP) 17b. RT. 1, Deepwater, Missouri			
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		(a) Hepatic Failure				2 days
DUE TO, OR AS A CONSEQUENCE OF:		(b) Cirrhosis of liver				Months
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (OI, STATING THE UNDERLYING CAUSE LAST)		(c) Unknown				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (OI)						AUTOPSY (YES OR NO) 19a. NO
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.		HOUR 20c.		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 11-30-68 TO 21b. 12-6-68		AND LAST SAW HIM/HER ALIVE ON 21c. 11-30-68		I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. Did not		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 4 a.m.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED, 22a.						HOUR OF DEATH 22b.
CERTIFIER—NAME (TYPE OR PRINT) 23a. Clinton L. Glaspy		SIGNATURE 23b. Clinton L. Glaspy		DEGREE/TITLE 23c.		DATE SIGNED (MONTH, DAY, YEAR) 23d. 12/7/68
MAILING ADDRESS—CERTIFIER 23a.		STREET OR R.F.D. NO. 23b.		CITY OR TOWN 23c.		STATE 23d. Mo.
23a. 105 E. Ohio		23b. Clinton		23c. Deepwater		23d. 64735
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Clinton Memory Gardens		LOCATION 24c. CLINTON, Missouri		
DATE (MONTH, DAY, YEAR) 24d. 12/9/68		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP) 25a. R.E. Nichols CHAPLANS		25b. Deepwater, Missouri		
FUNERAL DIRECTOR—SIGNATURE 25a. R.E. Nichols		REGISTRAR—SIGNATURE 26a. Madred Bigum		DATE RECEIVED BY LOCAL REGISTRAR 26b. Dec. 19, 1968		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

19-01-11

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address Clinton, MD

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.

Permit obtained 12-10-68
MB