

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19255

State File No.

FILED JUN 27 1950

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> <u>0042</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Allen Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>718 N. Jefferson</u>	
3. NAME OF DECEASED a. (First) <u>MARGARET</u>		b. (Middle) <u>A.</u>	
c. (Last) <u>ELLIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 25, 1857</u>
9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE	
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>Jally C. Steele</u> ADDRESS <u>Columbia, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary failure</u> ANTÉCEDENT CAUSES DUE TO (b) <u>myocardial damage</u> DUE TO (c) <u>Myocarditis chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pericarditis chronic</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>3 yrs</u> <u>3 yrs</u> <u>10 yrs</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4222</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 4, 1950</u> , to <u>April 7, 1950</u> , that I last saw the deceased alive on <u>April 7, 1950</u> , and that death occurred at <u>7:58 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. M. Kellenbach M.D.</u>		23b. ADDRESS <u>119 E. Jackson, Mexico, Mo.</u>	
23c. DATE SIGNED <u>June 18, 1950</u>		23d. SIGNATURE (Degree or title) <u>Blanche Neely</u>	
23e. DATE REC'D BY LOCAL REG. <u>June 18, 1950</u>		23f. REGISTERAR'S SIGNATURE	
23g. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>		23h. LOCATION (City, town, or county) (State) <u>Callaway County, Mo.</u>	
23i. DATE REC'D BY LOCAL REG. <u>June 18, 1950</u>		23j. REGISTERAR'S SIGNATURE <u>Blanche Neely</u>	
23k. FUNERAL DIRECTOR'S SIGNATURE <u>Earl E. Cook</u>		23l. ADDRESS <u>Mexico, Mo.</u>	

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

RECEIVED JUN 26 1950
District Health Officer No. 10
District File Number 6-50-1035
Date Filed JUN 26 1950

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
Student Embalmer

Signed

Ralph L. Houston Jr.

Licensed Embalmer No. 4687

P. O. Address Mexico, Mo.

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 this body is not embalmed, fact should be so stated above.