

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21246

BIRTH NO. _____		REG. DIST. NO. 300		PRIMARY REG. DIST. NO. 6029		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY Reynolds				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Reynolds			
b. CITY OR TOWN Ellington		c. LENGTH OF STAY (In this place) <i>Rural</i>		c. CITY OR TOWN Ellington		1900	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home				d. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or Print) a. (First) Itha b. (Middle) Ethel c. (Last) Emmel			4. DATE OF DEATH (Month) (Day) (Year) 6 28 50.				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH March 11, 1890	
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Month Day		IF UNDER 18 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME KITCHEN			13b. MOTHER'S MAIDEN NAME Mardine Camden			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Therman Emmel Ellington		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 30 min ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X					
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)			
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 _____			
22. I hereby certify that I attended the deceased from June 28, 1950, to June 28, 1950, that I last saw the deceased alive on June 28, 1950, and that death occurred at 12:10 A.M., from the causes and on the date stated above.							
23a. SIGNATURE A. F. Buge, M.D. (Degree or title)				23b. ADDRESS Ellington, Mo.		23c. DATE SIGNED June 29.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 1		24c. NAME OF CEMETERY OR CREMATORY Ellington Cemetery		24d. LOCATION (City, town, or county) (State) Ellington, Mo.	
DATE REC'D BY LOCAL REG. July 9-1950		REGISTRAR'S SIGNATURE Gladie Evans 276		25. FUNERAL DIRECTOR'S SIGNATURE Chas. S. Lewis		ADDRESS Ellington	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Chas. S. Parvitz

Signed.....
Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Ellington 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.