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

FILED SEP 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29553

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 345

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 10 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctor's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter /031/
d. STREET ADDRESS (If rural, give location): 117 E. St. Francis /

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle): Turner
c. (Last): Ellis

4. DATE OF DEATH (Month) (Day) (Year): August 26, 1950

5. SEX: Male 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: July 27, 1876
9. AGE (In years last birthday): 74 — If under 1 year: Months 0, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pike County, Indiana /
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: John Ellis
13b. MOTHER'S MAIDEN NAME: Martha Sullivan
14. NAME OF HUSBAND OR WIFE: Ada 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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ruth Hill, ADDRESS: Parma, Mo. R.F.D.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fall, Striking head — 2 wks
DUE TO (c) — 69030

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 21

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~SUICIDE~~ ~~HOMICIDE~~ ACCIDENT (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Dexter (COUNTY) 103 (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-12-50 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fall, Striking head

22. *I hereby certify that I attended the deceased from* 8-16, 1950 *to* 8-26, 1950, *that I last saw the deceased alive on* 8-26, 1950, *and that death occurred at* 12:40 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): M.D.
23b. ADDRESS: Poplar Bluff, Mo
23c. DATE SIGNED: 9-6-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial ()
24b. DATE: 8-27-50
24c. NAME OF CEMETERY OR CREMATORY: Dexter
24d. LOCATION (City, town, or county) (State): Dexter, Mo.

DATE REC'D BY LOCAL REG.: Sept 7-1950
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE: Strickland-Rainey ADDRESS: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 14 1950
BUTLER CO. HEALTH CENTER
FILE No. 950-361

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 [signature]

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.