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FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30107

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>128</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		10402 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1712 Chestnut</u>				d. STREET ADDRESS (If rural, give location) <u>1712 Chestnut</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>NETTIE</u>			b. (Middle) <u>MAY</u>			c. (Last) <u>ELLIS</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1950</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>Feb. 4, 1874</u>			9. AGE (In years last birthday) (If under 1 year: Months) (Days) (Hours) (Min.) <u>76</u> <u>7</u> <u>20</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Alvin Luke</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Kinder</u>			
14. NAME OF HUSBAND OR WIFE <u>Alfred E. Ellis</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>			16. SOCIAL SECURITY NO. <u>—</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Ellis</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Trenton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u>				DUE TO (c) <u>Rheumatoid arthritis</u>				years <u>42 1/2</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Cholecystitis</u>								years <u>—</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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>March</u> , 19 <u>50</u> , to <u>October 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>October 3</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>C. L. Clark, M.D.</u>				23b. ADDRESS <u>Trenton, Mo</u>		23c. DATE SIGNED <u>Oct 5, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 6, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East of Spickard, Grundy, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Irene Fair</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. H. Lyson, Trenton, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 Charles D. Lijson

Signed.....
Student Embalmer

Licensed Embalmer No. 3109

P. O. Address Exenton, 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.