

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3593

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6227 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, DeWitt Sup.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, DeWitt, Mo</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2 yrs.</u>		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. W. J. Nevada</u>		d. STREET ADDRESS (If rural, give location) <u>S. W. J. Nevada</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>C.</u> c. (Last) <u>Cless</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-7-51</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>May 20, 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Days <u>7</u> IF UNDER 6 HRS. Hours <u>17</u> Min.
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>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>Waukegan Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>William Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Madalina Beck</u>		14. NAME OF HUSBAND OR WIFE <u>Low Cless</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ella Cless, Nevada</u> ADDRESS <u>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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4510</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>	

22. I hereby certify that I attended the deceased from Nov, 1950, to Jan 7, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. R. King M. D. O.</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>1-8-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Club</u>
		24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>

DATE REC'D BY LOCAL REG. <u>Jan 11 - 1951</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Vance</u> 331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cashinger Funeral Home</u> ADDRESS <u>Nevada, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JAN 18 1951

Dist. File 157-158

Date Filed 1-18-51

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.....
Student Embalmer

Signed Mark E. Schuyler

Licensed Embalmer No. 2656

P. O. Address Meriden 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.