

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4045

State File No. ....

FILED FEB 20 1951

S. No. 300  
v. 10.48

0164

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

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Godair Twnshp.</u> <u>0780</u>			
c. LENGTH OF STAY (In this place) <u>2 weeks</u>				d. STREET ADDRESS (If rural, give location) <u>Portageville Rt. 1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Ellis</u>	
4. DATE OF DEATH		(Month) <u>February</u>		(Day) <u>5,</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 10, 1871</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W.W. Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hettie Dettie</u> ADDRESS <u>Rt. 2 Portageville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>1. Hypertrophy Prostate</u> <del>2. Hypertension</del> <u>2. Vesicle Diverticuli</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diverticulum bladder</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1-wk</u>  <u>610 X</u>	
19a. DATE OF OPERATION <u>2-15-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy Prostate</u>				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>Jan 23, 1951</u> , to <u>Feb 3, 1951</u> , that I last saw the deceased alive on <u>Jan 5, 1951</u> and that death occurred at <u>8 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. S. Smith</u> (Degree or title) <u>md</u>				23b. ADDRESS <u>808 Broadway</u>		23c. DATE SIGNED <u>2-11-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>February 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-12-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Smith</u> ADDRESS <u>Funeral Home 808 Ward. Ave. Caruthersville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

FEB 19 1951

DISTRICT HEALTH OFFICE No. G

File No. ....

**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.

Signed

*W. Denver Pike*

Signed .....

Student Embalmer

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, 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.