

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

29631

State File No. ....

No. 300  
10.48

**FILED SEP 29 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Breckenridge</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Breckenridge, Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Breckenridge, Mo</b>		d. STREET ADDRESS (If rural, give location) <b>Breckenridge, Mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ellen</b> b. (Middle) <b>Belle</b> c. (Last) <b>Sholl</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>9 - 10 - 51</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>20 June 1878</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR <b>2</b> MONTHS <b>20</b> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home v</b>		11. BIRTHPLACE (State or foreign country) <b>Macon County Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Nathaniel Farmer</b>	13b. MOTHER'S MAIDEN NAME <b>Mehriah Jenkins</b>	14. NAME OF HUSBAND OR WIFE <b>Daniel W. Sholl</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>No</b> (If yes, give dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ordell Sholl</b> ADDRESS <b>Breckenridge, Mo</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral aneurysm ruptured</i>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>hypertension</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	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 Sept 10, 1957, to Sept 10, 1957, that I last saw the deceased alive on 9-10, 1957, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. W. Webb M.D.</i>	23b. ADDRESS <b>Breckenridge, Mo</b>	23c. DATE SIGNED <b>9-10-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-12-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>
24d. LOCATION (City, town, or county) (State) <b>Breckenridge, Mo</b>		

DATE REC'D BY LOCAL REG. <b>9-20-51</b>	REGISTRAR'S SIGNATURE <i>Mrs. Nell B. Jones</i>	373	25. FUNERAL DIRECTOR'S SIGNATURE <i>Trammell Funeral Home</i> ADDRESS <b>Breckenridge</b>
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(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed George D. [Signature]

Licensed Embalmer No. 4425

P. O. Address 98 Breckenside

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.