

No. 300
10. 48

FILED JAN 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40699

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BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1343

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place)		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smith Nursing Home 514 No. 10th St.		d. STREET ADDRESS (If rural, give location) 2419 No 2nd St.	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HENRY c. (Last) ELLIS			4. DATE OF DEATH (Month) (Day) (Year) 12 19 1951			
5. SEX male <input checked="" type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1/2/1863	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) millworker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Versailles, Illinois /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME unk		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Cora Ellis		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Frank Ellis		ADDRESS St. Joseph Mo
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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) Chronic Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 12 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diseases		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 viewed the deceased on 12/19, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. F. Mundy M.D. (Degree or title)	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 12/19/51
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 12/21/1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery
24d. LOCATION (City, town, or county) St. Joseph Missouri		

DATE REC'D BY LOCAL REG. Dec 31, 1951	REGISTRAR'S SIGNATURE Carl C. Casulo	25. FUNERAL DIRECTOR'S SIGNATURE St. Joseph
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(Licensed Embalmers' Statement on Reverse Side)

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

Ellis

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 *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph 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.