.S. No. 300
EV. 10.48

0105
0

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 165

FILED FEB 4 1952

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 38

1. PLACE OF DEATH Ellis Fischel State Cancer Hosp.
a. COUNTY Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Columbia
c. LENGTH OF STAY (in this place) 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ellis Fischel State Cancer Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Flat 1810
d. STREET ADDRESS (If rural, give location) Rural Route 1

3. NAME OF DECEASED (Type or Print) a. (First) Hattie b. (Middle) Ellen c. (Last) Ellifrits

4. DATE OF DEATH (Month) (Day) (Year) 1 - 31 - 52

5. SEX Female
6. COLOR OR RACE White
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify) Widowed Never M
8. DATE OF BIRTH 1-19-05
9. AGE (In years last birthday) 47 — IF UNDER 1 YEAR Months 0 Days 12 — IF UNDER 24 HRS. Hours 15 Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Gustave Ellifrits
13b. MOTHER'S MAIDEN NAME Effie Morgan
14. NAME OF HUSBAND OR WIFE Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records Ellis Fischel State Cancer Hosp.

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) Acute dilatation of heart, cause undetermined — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Recurrent carcinoma of uterine cervix — 8 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4343 H
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-18, 1951, *to* 1-31, 1952, *that I last saw the deceased alive on* 1-31, 1952, *and that death occurred at* 3:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Richard E. Johnson, M.D.
23b. ADDRESS Columbia, Mo
23c. DATE SIGNED 2-1-52

24a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) Removal
24b. DATE 2-1-52
24c. NAME OF CEMETERY OR CREMATORY Smith
24d. LOCATION (City, town, or county) (State) Flat Mo

DATE REC'D BY LOCAL REG. Feb. 1 1952
REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 31 0
25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons ADDRESS Rolla Mo

(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 _____

Student Embalmer

Signed Larry E. Brown

Licensed Embalmer No. 4794

P. O. Address Rolla 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.