

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

802

State File No.

S. No. 300
v. 48

FILED FEB 13 1952

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>7</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan, Mo.</u>		c. LENGTH OF STAY (in this place) <u>30 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan, Mo.</u>		<u>1361</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 206 N. Church</u>				d. STREET ADDRESS (If rural, give location) <u>206 N. Church</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katheryn</u> b. (Middle) <u>B.</u> c. (Last) <u>Ellison</u>			4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>6</u> (Year) <u>1952</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>Oct 6, 1881</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Days <u>4</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>				
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>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Richwoods, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Godat</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Lennon</u>		14. NAME OF HUSBAND OR WIFE <u>A.C. Ellison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. M. Ellison</u> ADDRESS <u>Sullivan, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>autopsy</u> <u>none</u> <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		<u>4201</u>		
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 _____, 19 <u>52</u> , to <u>2-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Jan 31, 1952</u> and that death occurred at <u>3a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>C. M. Ellison</u> (Degree or title)				23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>2-7-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Anthony Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-7-52</u>		REGISTRAR'S SIGNATURE <u>C. M. Ellison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hoff</u> ADDRESS <u>Sullivan Mo</u>				

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

1361

JAN 9 1957

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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.