

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

11897

State File No.

No. 300
10.48

APR 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>5055</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>FITCHISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FITCHISON</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-TEMPLETON TWP</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL-TEMPLETON TWP.</u>		00 <u>30</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HANNAH JANE</u> b. (Middle) <u>ELLIS</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>4-16-1952</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>10-22-1883</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u>	IF UNDER 24 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>AGRICULTURE</u>		11. BIRTHPLACE (State or foreign country) <u>ENGLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>AM.</u>	
13a. FATHER'S NAME <u>DANIEL BRAY</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE SHEBEAR</u>		14. NAME OF HUSBAND OR WIFE <u>HARRY ELLIS</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 ADDRESS <u>HARRY ELLIS, PHELPE CITY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute heart failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>107pm</u>			
ANTECEDENT CAUSES Morbidity 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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>4/16</u> , 19 <u>52</u> , to <u>4/16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4/16</u> , 19 <u>52</u> , and that death occurred at <u>12:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. A. Reutter M.D.</u>				23b. ADDRESS <u>Rockport Mo</u>		23c. DATE SIGNED <u>4/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PERARIE HILL</u>		24d. LOCATION (City, town, or county) (State) <u>TARKIO MO</u>		
DATE REC'D BY LOCAL REG. <u>April 24, 1952</u>		REGISTRAR'S SIGNATURE <u>Marvin N. Schoeler</u>		443-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARTHOLOMEW MORTUARY, Rock Port, Mo</u>	

(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
Student Embalmer

Signed *Earl Berthelom*
Student Embalmer No.

Licensed Embalmer No. *3173*

P. O. Address *Rock Post. Ms*

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.