

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13497**

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5677 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Rural Union</u>	c. LENGTH OF STAY (In this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11 miles North of Troy Mo</u>		d. STREET ADDRESS (If rural, give location) <u>11 miles North of Troy Mo</u>	

3. NAME OF DECEASED (Type of Print)	a. (First) <u>T SHMAEL</u>	b. (Middle) <u>CLARK</u>	c. (Last) <u>ELLIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 2 1880</u>	9. AGE (In years last birthday) <u>71</u> if UNDER 1 YEAR Months <u>5</u> Days <u>9</u> if UNDER 2 WKS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Ellis</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Parker</u>	14. NAME OF HUSBAND OR WIFE <u>Neve Ellis</u>
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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></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Neve Ellis</u>	ADDRESS <u>Elaberry Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis, acute.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis (chronic)</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union (Twp) Lincoln Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
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22. I hereby certify that I attended the deceased from 1926 to Apr 11, 1952, that I last saw the deceased alive on Apr 5, 1952, and that death occurred at 3:02 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H.S. Harris M.D.</u> (Degree or title)	23b. ADDRESS <u>Troy Mo</u>	23c. DATE SIGNED <u>Apr 12, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/13/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-21-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs Clarence Keady</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>	ADDRESS <u>Troy Mo</u>
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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.

Signed W. Wayne Mc Coy.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3586.....

P. O. Address Troy 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.