

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37485

State File No.

BIRTH NO. REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6281 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural VAN BUREN TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL VAN BUREN TWP 1140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3miles north of Rayborn</u>		d. STREET ADDRESS (If rural, give location) <u>3miles north of Rayborn, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>WILLFORD</u> c. (Last) <u>ELLIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 22 1952</u>	
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>AUG. 16, 1883</u>
9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	
11. BIRTHPLACE (State or foreign country) <u>RAYBORN, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN ELLIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY JANE CARDEP</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY JANE CARDER 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>BERT ELLIS RAYBORN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardio Renal Syndrome</u> DUE TO (c) <u>Cerebral Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>Not known</u> <u>2 months</u> <u>1 year</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>	
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)			
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>Aug</u> , 19 <u>50</u> , to <u>Oct 22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 22</u> , 19 <u>52</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Self</u>		23b. ADDRESS <u>Mountain View, MO</u>	
23c. DATE SIGNED <u>Oct 27, 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 24, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>GREEN MOUNTAIN</u>		24d. LOCATION (City, town, or county) (State) <u>GREEN MOUNTAIN, MO</u>	
DATE REC'D BY LOCAL REG. <u>11-5-52</u>		REGISTRAR'S SIGNATURE <u>Russell Baker</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Baker</u>		ADDRESS <u>Mountain View, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

02851

NOV 9 1932
WRIGHT CO. HEALTH DEPT.
County File Number 1152-127
Date Filed 11-8-32

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Hope

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.