No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12956

FILED MAR 27 1953

BIRTH NO. 1977 D REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Delta Comm. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lewis Twsp. 0720
d. STREET ADDRESS (If rural, give location): Lilbourn 1

3. NAME OF DECEASED (Type or Print)
a. (First): Johnny
b. (Middle): Elihue
c. (Last): Ellis

4. DATE OF DEATH (Month) (Day) (Year): March 9 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 9 1953
9. AGE (In years last birthday): About 30 minutes (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Sikeston, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Berthill Ellis
13b. MOTHER'S MAIDEN NAME: Rendy McDaniels
14. NAME OF HUSBAND OR WIFE: ----

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: Berthill Ellis — **ADDRESS**: Lilbourn, Mo.

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) Probable tentorial tear — 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) Difficult delivery
DUE TO (c) Footling - large baby

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: 7600
20. AUTOPSY? YES ☐ 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* 3-9, 1953, *to* 3-9, 1953, *that I last saw the deceased alive on* 3-9, 1953, *and that death occurred at* 6:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. D. Uhlan (Degree or title) M.D.
23b. ADDRESS: Sikeston
23c. DATE SIGNED: 3-13-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-10-53
24c. NAME OF CEMETERY OR CREMATORY: Mounds Park
24d. LOCATION (City, town, or county) (State): Lilbourn, Mo.

DATE REC'D BY LOCAL REG.: 3-16-53
REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Ponder Funeral Home - Lilbourn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 23 1953
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 353-72

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 Not Embalmed Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address Lilbourn, 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.