

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37750**

FILED NOV 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2623**

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>	
c. LENGTH OF STAY (In this place) <b>6 days</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 9 53</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>8149 Albion avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ellen</b> b. (Middle) <b>Counts</b> c. (Last) <b>Counts</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 9 53</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2-24-1883</b>
9. AGE (In years last birthday) <b>70</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ellington, Mo.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Kenaek Hast</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Adam Counts</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Roy Verdier</b> ADDRESS <b>8149 Albion avenue</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		33X for years for years.
	ANTECEDENT CAUSES Morbid 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. <b>Arterio Sclerotic Heart disease Diabetes mellitus</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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 **10-3**, 19**53**, to **10-9**, 19**53**, that I last saw the deceased alive on **10-9**, 19**53**, and that death occurred at **12:50 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles E Brodline M.D.</b>	23b. ADDRESS <b>601 So Brentwood Blvd</b>	23c. DATE SIGNED <b>10/9/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-9-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>
24d. LOCATION (City, town, or county) (State) <b>Corning, Arkansas</b>		

DATE REC'D BY LOCAL REG. <b>10/9/53</b>	REGISTRAR'S SIGNATURE <b>Herbert J. Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell-Emmert</b> ADDRESS <b>Corning, Arkansas</b>
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(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address At Home -

**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.