

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45008**

S. No. 300  
v. 10.48

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

BIRTH NO. **FILED JAN 28 1954** REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **4107** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY <b>CEDAR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>CEDAR</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ELDORADO SPES</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ELDORADO SPES</b>	
c. LENGTH OF STAY (in this place) <b>70 days</b>		d. STREET ADDRESS (If rural, give location) <b>910 S. JACKSON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHAMBERS EMERGENCY</b>			
3. NAME OF DECEASED a. (First) <b>ELLEN</b> b. (Middle) <b>STEPHEN'S</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 30 1953</b>
5. SEX <b>1</b> <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>NOV. 25, 1868</b>
9. AGE (In years) (Months) (Days) <b>85</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>KENTUCKY 1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>BUFORD SIMPSON</b>		13b. MOTHER'S MAIDEN NAME <b>FRANCIS TUCKER</b>	
14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>LELIA BURDICK-ELDORADO</b>		ADDRESS <b>Spring, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>  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.  INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2 mo</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <b>4222</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>30 July, 1953</b> , to <b>30 Dec, 1953</b> , that I last saw the deceased alive on <b>30 Dec, 1953</b> and that death occurred at <b>6:40 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>John J. Hill MD</b>		23b. ADDRESS <b>Clonville Springs, Mo</b>	
23c. DATE SIGNED <b>31 Dec 53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/1/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>CLINTONVILLE</b>		24d. LOCATION (City, town, or county) (State) <b>CEDAR CO MO</b>	
DATE REC'D BY LOCAL REG. <b>12/31/53</b>		REGISTRAR'S SIGNATURE <b>George W. Maffes 418</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Maffes Funeral Home</b>		ADDRESS <b>El Dorado, Mo</b>	

1-2-54 **Perkowitz, Deputy**

(Licensed Embalmer's Statement on Reverse Side)

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 *Hugh S. Allen* \_\_\_\_\_

Licensed Embalmer No. *2844* \_\_\_\_\_

P. O. Address *El Dorado Springs* \_\_\_\_\_

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.