

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9353

State File No.

BIRTH NO. FILED MAR 17 1954 REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <i>Macon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO.</i> b. COUNTY <i>Macon</i>	
b. CITY OR TOWN <i>Rural Richland</i>		c. CITY OR TOWN <i>Rural Richland</i> 0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lamarston Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Macon MO.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary La.</i> b. (Middle) <i>ETTIE</i> c. (Last) <i>ELLIS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Mar. 6-54</i>		
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5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By City) <i>Widowed</i>	8. DATE OF BIRTH <i>8-30-1865</i>	9. AGE (In years last birthday) <i>89</i>	IF UNDER 28 YRS. Months <i>5</i> Days <i>24</i>	IF UNDER 28 YRS. Hours <i></i> Mins. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework on farm</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home work</i>		11. BIRTHPLACE (State or foreign country) <i>Macon Co. MO</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>T.W. McDevitt</i>		13b. MOTHER'S MAIDEN NAME <i>Ellen Bradley</i>		14. NAME OF HUSBAND OR WIFE <i>Emit Ellis (Deceased)</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Paul Chen</i> ADDRESS <i>302 Paul St. Macon</i>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypostatic Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i>			
		DUE TO (c) <i>Senile Stenosis</i>			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from *3/3* 1954, to *3/6* 1954, that I last saw the deceased alive on *3/6* 1954, and that death occurred at *8:07 AM.*, from the causes and on the date stated above.

23a. SIGNATURE (Death title) <i>Paul Chen</i>		23b. ADDRESS <i>Macon Missouri</i>		23c. DATE SIGNED <i>3/6/54</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3-7-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>La Plata</i>		24d. LOCATION (City, town, or county) (State) <i>La Plata MO.</i>	
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DATE REC'D BY LOCAL REG. <i>3/6/54</i>		REGISTRAR'S SIGNATURE <i>Juth Mcneely</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>D.S. Christie</i> ADDRESS <i>La Plata MO.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1955 MAR 4



RECEIVED 3.11.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.54.36
Date Filed 3.12.54

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 _____

D. S. Britie

Licensed Embalmer No. 1108

P. O. Address _____

La Plata 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.