

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 5813

State File No. 16699

BIRTH NO.		REG. DIST. NO. 233		PRIMARY REG. DIST. NO. 7348		Registrar's No. 9			
1. PLACE OF DEATH a. COUNTY <i>Montgomery</i> b. CITY OR TOWN <i>Hellville Mo</i> c. LENGTH OF STAY (in this place) <i>10 years</i> d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Montgomery</i> c. CITY OR TOWN <i>Rural Upper Hellville</i> d. STREET ADDRESS (If rural, give location) <i>0900</i>					
3. NAME OF DECEASED (Type or Print) <i>Seelveston Joseph Ellier</i> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH <i>May-19-1954</i> (Month) (Day) (Year)						
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>June-4-1878</i>		9. AGE (In years last birthday) <i>75</i> UNDER 1 YEAR (Months) <i>11</i> DAYS <i>27</i> IF UNDER 1 HR. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Tanning</i>		11. BIRTHPLACE (State or foreign country) <i>Callaway Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13a. FATHER'S NAME <i>Thomas Ellier</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Davis</i>		NAME OF HUSBAND OR WIFE <i>Amelia Ellier</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <i>no</i> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Amelia Ellier</i> ADDRESS <i>Hellville</i>				
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) <i>Carcinoma of rectum</i> 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.				INTERNAL BETWEEN ONSET AND DEATH <i>2 year</i>	
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)		154X			
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 <i>May 9</i> , 1954, to <i>May 13</i> , 1954, that I last saw the deceased alive on <i>May 13</i> , 1954, and that death occurred at <i>1-20 P.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Willis H. Waller</i> (Degree or title)				23b. ADDRESS <i>Willsville Mo</i>		23c. DATE SIGNED <i>5/13/54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5/16/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hellville City Cem Hellville Mo</i>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. <i>5-16-54</i>		REGISTRAR'S SIGNATURE <i>W.S. Romano Jr</i> 425		25. FUNERAL DIRECTOR'S SIGNATURE <i>H.B. Keller</i> ADDRESS <i>Hellville Mo</i>					

(Licensed Embalmer's Statement on Reverse Side)

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

1938

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 _____

A. B. Kelly

Licensed Embalmer No. _____

P. O. Address _____

*770 88
Yellowville, Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.