

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9553

State File No.

1898

FILED MAR 18 1955

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN New Florence		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				STREET ADDRESS (If rural, give location) 0700									
3. NAME OF DECEASED (Type or Print)			a. (First) ASA			b. (Middle) BENJAMIN			c. (Last) ELLIS				
4. DATE OF DEATH			(Month) Feb			(Day) 26			(Year) 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 5 1899		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) New Florence, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Ellis				13b. MOTHER'S MAIDEN NAME Lydia Zimmerman				14. NAME OF HUSBAND OR WIFE Agnes Ellis					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Agnes Ellis, New Florence, Missouri						ADDRESS	
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) Hemochromatosis and hepatic failure								INTERVAL BETWEEN ONSET AND DEATH 3-5 years	
				ANTECEDENT CAUSES Morbidity 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.									
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)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 289.2							
22. I hereby certify that I attended the deceased from 2-21, 1955 , to 2-26, 1955 , that I last saw the deceased alive on 2-26, 1955 , and that death occurred at 9:55 pm. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) H. Bradley M.D.						23b. ADDRESS BARNES HOSPITAL				23c. DATE SIGNED 2/27/55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-26-55		24c. NAME OF CEMETERY OR CREMATORY New Florence Cemetery		24d. LOCATION (City, town, or county) (State) New Florence Missouri.							
DATE REC'D BY LOCAL REG. FEB 28 1955		REGISTRAR'S SIGNATURE Carl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd							

(Licensed Embalmer's Statement on Reverse Side)

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

1-7-8 1952

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.....
Signature of Student Embalmer

Signed.....
John J. Haines

Licensed Embalmer No. *410*

P. O. Address *St. Lawrence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.