

FILED SEP 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27068

BIRTH NO. _____		REG. DIST. NO. 236		PRIMARY REG. DIST. NO. 4352		Registrar's No. 45									
1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Morgan							
b. CITY (If outside corporate limits, write RURAL and give town) Versailles		c. LENGTH OF STAY (in this place) Lifetime		c. CITY OR TOWN Versailles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION N. Monroe St.				e. STREET ADDRESS (If rural, give location) N. Monroe St.				0712							
3. NAME OF DECEASED (Type or Print) George Edward Elley			a. (First) George			b. (Middle) Edward			c. (Last) Elley			4. DATE OF DEATH (Month) (Day) (Year) August 28, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 16, 1883		9. AGE (In years last birthday) 71		10. UNDER 1 YEAR 8 Months		11. UNDER 2 HRS. 12 Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Trucker				11. BIRTHPLACE (City and State or Foreign Country) Calloway Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Edward Elley				13b. MOTHER'S MAIDEN NAME No Record				14. NAME OF HUSBAND OR WIFE Minnie Elley							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-10-0049				17. INFORMANT'S SIGNATURE OR NAME Minnie Elley				ADDRESS Versailles, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of colon								INTERVAL BETWEEN ONSET AND DEATH 7 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) 153X											
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION June 1948				19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon								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)				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 Nov. 1953 to Aug 28, 1955, that I last saw the deceased alive on Aug 28, 1955, and that death occurred at 5 A. M., from the causes and on the date stated above.															
23a. SIGNATURE Jack Gunn MD.				23b. ADDRESS Versailles, Mo.				23c. DATE SIGNED 8.29.55							
24a. BURIAL CREMATION REMOVAL (Specify) Burial				24b. DATE 30 Aug. 55				24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery				24d. LOCATION (City, town, or county) (State) Versailles, Mo.			
DATE REC'D BY LOCAL REG. 8-29-55				REGISTRAR'S SIGNATURE J. L. Haskb 214-0				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. F. Redburn Versailles, Mo.							

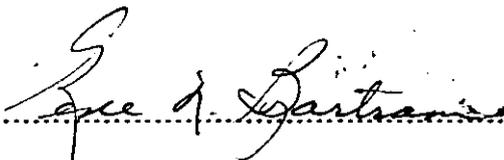
(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed .....
Licensed Embalmer No.....

Licensed Embalmer No.....

P. O. Address

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.