FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30161

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5767 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - ST. MICHAELS
c. LENGTH OF STAY (in this place): 30 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. #1 FREDERICKTOWN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN: FREDERICKTOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 4½ mi. S.W. of FREDERICKTOWN

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): ADELINE
c. (Last): ELLIS

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 11, 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED (Specify)~~: MARRIED
8. DATE OF BIRTH: FEB. 7, 1878
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 7, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): MADISON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: BARTON MAZE
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND ~~OR WIFE~~: JOSEPH T. ELLIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: JOSEPH T. ELLIS - FREDERICKTOWN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Cervical Glands

ANTECEDENT CAUSES: of Neck and Chest, "Returned after operation" — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c): Mitral Insufficiency

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: 1981.
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Sept 11, 1955, *that I last saw the deceased alive on* Sept 4, 1955, *and that death occurred at* 8:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S C Slaughter M D
23b. ADDRESS: 135 W. Main Fredericktown
23c. DATE SIGNED: Sept 12 55

24a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: BURIAL
24b. DATE: SEPT. 14, 1955
24c. NAME OF CEMETERY ~~OR CREMATORY~~: CALVARY
24d. LOCATION (City, town, or county) (State): MADISON COUNTY, MO.

DATE REC'D BY LOCAL REG.: 9-12-1955
REGISTRAR'S SIGNATURE: Florence Gicks
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. Adamson - FREDERICKTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
SEP 19 1955
FILE No. 922-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4.8.

P. O. Address Frederic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.