

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32190

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>					
b. CITY OR TOWN <u>Columbia, Mo.</u>		c. LENGTH OF STAY (in this place) <u>33 days</u>		c. CITY OR TOWN <u>Columbia</u>		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 <u>University Hospital</u>				STREET ADDRESS (If rural, give location) <u>13 Switzlan 0100</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRY</u> b. (Middle) <u>James</u> c. (Last) <u>Ellis S.R.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 31 1894</u>			
9. AGE (in years last birthday) <u>61</u>		10. IF UNDER 1 HRS. Hours <u>26</u> Min. <u>52</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Yes, USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY						
13a. FATHER'S NAME <u>William Ellis</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bearl</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Henderson Ellis</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-28-0355</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Henderson Ellis</u> ADDRESS <u>13 Switzlan Columbia</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>months - years.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>				ANTECEDENT CAUSES				DUE TO (b) <u>Hypertensive-Atherosclerotic</u> <u>Dis.</u> <u>yes.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Nephrosclerosis</u> <u>yes.</u>					
II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u> <u>Pulmonary Tbc, inact</u>				Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) <u>Diabetes mellitus</u> <u>7 yrs</u> <u>Pulmonary Tbc, inact</u> <u>7 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>446x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? _____					
22. I hereby certify that I attended the deceased from <u>9/23</u> , 19 <u>55</u> , to <u>10/26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10/26</u> , 19 <u>55</u> , and that death occurred at <u>7:50 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Thomas W. Burns M.D.</u> (Degree or title)				23b. ADDRESS <u>University Hosp. Tall</u> <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>10/27/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct-30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roy Providence</u>		24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u>			
DATE REC'D BY-LOCAL REG. <u>Oct 28 1955</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Street P. Parker</u>		ADDRESS <u>Columbia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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 *Steven D. Parker*.....

Licensed Embalmer No. *29*.....

P. O. Address *Columb*.....

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