

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34264

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>270</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>SEDALIA</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>SEDALIA</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BOTHWELL HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>1621 S. Vermont</u> <u>08090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>		b. (Middle) <u>VIRA</u>		c. (Last) <u>ELLIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18, 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 1, 1883</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Feaster</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Thomas</u>	
14. NAME OF HUSBAND OR WIFE <u>Floyd A. Ellis, Sedalia, Mo.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Merl Canfield, Marshall, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lagoratomy for aortic stenosis</u> DUE TO (c) <u>Atherosclerotic atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bachmann's esophageal diverticulum</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> <u>4 days</u> <u>years</u> <u>5 years</u>	
19a. DATE OF OPERATION <u>10/14/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>adhesion at upper portion of ascending colon</u>				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) <u>5705</u>			
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 <u>2/27</u> , 19 <u>53</u> , to <u>10/18</u> , 19 <u>55</u> that I last saw the deceased alive on <u>10/18</u> , 19 <u>53</u> , and that death occurred at <u>9:50 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas J. Higgins, M.D.</u>				23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>10/19/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/22/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Hickory Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-21-55</u>		REGISTRAR'S SIGNATURE <u>Loisie Corry, Deputy</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walter Ewing</u>		ADDRESS <u>Sedalia, 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. 52
working under my personal supervision..

Student Donald R. Bellmer
Signature of Student Embalmer

Signed P. E. Baker

Licensed Embalmer No. 24

P. O. Address Seabrook

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.