

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21272
State File No.

FILED JUN 26 1956

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5910 Registrar's No. 97

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Loutre</u>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <u>McKittrick</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			
STREET ADDRESS (If rural, give location) <u>6700</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u>	b. (Middle)	c. (Last) <u>Ellis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>21</u> <u>56</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 25, 1939</u>
9. AGE (In years last birthday) <u>16</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>McKittrick, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Mavetta Ellis</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>489-42-9349</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry Ellis</u> <u>McKittrick</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Struck by car while lying in road.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid 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. <u>8124</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>25</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway C</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>MO</u> (COUNTY) (STATE) <u>Loutre Township</u> <u>Montgomery Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 21, 1956 1 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidentally struck by car while lying in a prone position</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. E. Robertson</u>	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-23-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Loutre Island</u>	24d. LOCATION (City, town, or county) (State) <u>McKittrick, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 23, 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>	25. EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>D. B. Baker</u> <u>Missouri Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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... *D B Baker*

Licensed Embalmer No. **3375**.....

P. O. Address... **Americus Mo**

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.