

FILED OCT 29 1956

STANDARD CERTIFICATE OF DEATH

State File No. 33354 Registrar's No. 465

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5195

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write BURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write BURAL and give township) Cape Girardeau	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 315 rear S. Fountain St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Diversion Channel, Old Highway 61			

3. NAME OF DECEASED (Type or Print) a. (First) Ora (Oren)	b. (Middle)	c. (Last) Ellis	4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1956
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5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 11, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Geo. T. Ellis	13b. MOTHER'S MAIDEN NAME Ida Flowers	14. NAME OF HUSBAND OR WIFE Marquerite Ellis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-10-8074	17. INFORMANT'S SIGNATURE OR NAME Jack Ellis	ADDRESS 1130 S. Fred., Cape Gir., Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		
	ANTECEDENT CAUSES (Do not know of accidental or homicidal) Morbidity 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.		9298	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Don't know	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Old U.S. Highway 61	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Cape Girardeau Cape Gir. Mo. (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 5 1956 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Was either pushed or well off of Diversion Channel, bldg. 61
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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 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE J. F. Sigmund, Coroner	(Degree or title)	23b. ADDRESS Jackson, Mo.	23c. DATE SIGNED Oct 20 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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DATE REC'D BY LOCAL REG. 10-23-56	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. F. J. Sparks	ADDRESS Cape Gir., Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

44-2

**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 .....  
Student Embalmer

Signed

*Waver Shelby A.*

Licensed Embalmer No. *2920*

P. O. Address *Post Train 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 this body is not embalmed, fact should be so stated above.