

FILED DEC 3 1956

STANDARD CERTIFICATE OF DEATH

State File No. 38687

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE MO b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chellicothe		c. LENGTH OF STAY (In this place) 39 years	c. CITY OR TOWN Chellicothe
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 Turner		e. STREET ADDRESS (If rural, give location) 218 Turner 0592	

3. NAME OF DECEASED (Type or Print)	a. (First) Carrie Mae Ella	b. (Middle)	c. (Last) Ellis	4. DATE OF DEATH (Month) (Day) (Year) 11 20-56
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5. SEX F	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH May 18-1887	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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) Houtanville MO	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Willie Lee	13b. MOTHER'S MAIDEN NAME Liza Insley	14. NAME OF HUSBAND OR WIFE Frank Ellis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Chacile Stewart Chellicothe 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Nephrosis 10 yrs		
	DUE TO (c) Myocardial Decompensation 10 yrs		
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 591X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Chellicothe Livingston MO
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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?
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22. I hereby certify that I attended the deceased from May 1956, to Nov 20, 1956, that I last saw the deceased alive on Nov 20, 1956, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Thomas L. Milroy Do (Degree or title)	23b. ADDRESS Chellicothe MO	23c. DATE SIGNED 11-23-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-23-56	24c. NAME OF CEMETERY OR CREMATORY South Cem	24d. LOCATION (City, town, or county) (State) Chellicothe MO
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DATE REC'D BY LOCAL REG. 11/23/56	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Chellicothe MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *E. Beckett*

Licensed Embalmer No. *32*

P. O. Address..... *Chillicothe*

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.