S. No. 300
v. 10-48

1140

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1957

State File No. 19897

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6281 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: ~~Mtn Grove~~ Rural-Van Buren Twp
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Star Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Wright
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: ~~Mtn Grove~~, Rural-Van Buren Twp
d. STREET ADDRESS (If rural, give location): North Star Route Mtn Grove 1140

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Elizabeth
c. (Last): ELLIS

4. DATE OF DEATH (Month) (Day) (Year): 5/8/1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4/24/1881
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Wright Co, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Issac Watson
13b. MOTHER'S MAIDEN NAME: Margaret Patterree
14. NAME OF HUSBAND OR WIFE: Andrew Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Iva Lawson - Mtn. Grove, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4281
20. AUTOPSY? YES ☐ NO ☒ 2

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1957, *to* May 8, 1957, *that I last saw the deceased alive on* May 8, 1957, *and that death occurred at* 2:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Garrett Lugg Jr. Mo
23b. ADDRESS: Cabool Mo
23c. DATE SIGNED: 5/16/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/12/1957
24c. NAME OF CEMETERY OR CREMATORY: Lone Star Cemetery
24d. LOCATION (City, town, or county) (State): Mtn. Grove, Missouri

DATE REC'D BY LOCAL REG.: 5/21/57
REGISTRAR'S SIGNATURE: Bonnie J. Jones
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: R W Barber Mtn. Grove, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

533

RECEIVED 5/21/57
WRIGHT CO. HEALTH DEPT.
County File Number 57-7-53
Date Filed 5-23-57

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 George Stapp

Licensed Embalmer No. 3161

P. O. Address Mountain Grove, 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.