FILED AUG 6 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23446
STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 802 South Main — Length of stay in 1b All life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Vandalia — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside give location) 802 South Main — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Fred Middle Yeager Last Ellis

4. DATE OF DEATH Month July Day 28 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH July 29, 1882
9. AGE (In years last birthday) 74 — 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) Jeweler
10b. KIND OF BUSINESS OR INDUSTRY Jewelry
11. BIRTHPLACE (City and state or country) Vandalia, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Walter Ellis
14. MOTHER'S MAIDEN NAME Frances Yaeger

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. 488-38-1183-A
17. INFORMANT Address Jess Ellis, Vandalia, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July, 28, 1957, to ____ and last saw ~~has~~ him alive on July, 26, 1957
Death occurred at 1 a.m. July, 28, 1957 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. W. Bleed M D
22b. ADDRESS Vandalia, Missouri
22c. DATE SIGNED 7/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 31, 1957
23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery
23d. LOCATION (City, town, or county) (State) Vandalia, Missouri

24. FUNERAL DIRECTOR William B Waters — ADDRESS Vandalia, Mo.
25. DATE RECD. BY LOCAL REG. July 31 1957
26. REGISTRAR'S SIGNATURE Mallie Fuqua

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

SEP 26 1958

2 1958

APR 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William D. Waters

Licensed Embalmer No. 4/

P. O. Address Vandalia

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.