

Health,  
& Welfare  
Public  
Service

FILED NOV 12 1957

STANDARD CERTIFICATE OF DEATH

36712

STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 5-804 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Paris, Missouri.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Perry, Missouri.</b> (If outside, give location) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <b>Plesant View Rest Home</b> Length of stay in 1b		d. STREET ADDRESS <b>Perry, Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>JOHANNA ELLIS</b>			4. DATE OF DEATH <b>Oct 23, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 14, 1874</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Ralls County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>George Gillan</b>			14. MOTHER'S MAIDEN NAME <b>Sarah West</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs Alva West</b> Address <b>Paris, Missouri.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>new strain</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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a. m. p. m.	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Paris, Missouri</b>	COUNTY <b>Perry, Mo.</b>	STATE
21. I attended the deceased from <b>10-20</b> to <b>10-23</b> and last saw her/him alive on <b>10-23</b> . Death occurred at <b>4:30</b> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>Geo M. Repkale</b> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Paris, Missouri.</b>	22c. DATE SIGNED <b>10-26-57</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-25-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lickcreek Cemetery.</b>	23d. LOCATION (City, town, or county) (State) <b>Perry, Mo.</b>
24. FUNERAL DIRECTOR- ADDRESS <b>Clyde E. Welby Perry, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-4-57</b>	26. REGISTRAR'S SIGNATURE <b>J. A. Burnett, D.</b>

(Licensed Embolmer's Statement on Reverse Side)

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

435

x  Pleasant View next Home  
 x  Paris, Missouri  
 x  Perry, Mo.  
 x  Home  
 x  George William  
 x  Mrs. Alva West  
 x  Sarah West  
 x  Ralls County, Missouri, U.S.A.  
 x  July 14, 1974  
 x  Oct 23, 1957

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. ....  
 x working under my personal supervision.

Student .....  
 Signature of Student Embalmer

Signed *Clyde C. ...*

Licensed Embalmer No. 3820  
 P. O. Address: Perry, Mo.

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.