

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028542
STATE FILE NUMBER

9
FILED AUG 27 1958

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 62

4
5. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Clark</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Ill.</i> b. COUNTY <i>Fulton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kahoka</i>		c. CITY OR TOWN <i>Canton, Ill.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Walkers Nursing Home</i>		d. STREET ADDRESS (If outside, give location) <i>Rural Route # 1</i>	
3. NAME OF DECEASED (Type or print) First <i>CORA</i> Middle <i>BAY</i> Last <i>ELLIS</i>		4. DATE OF DEATH Month <i>Aug.</i> Day <i>11</i> Year <i>1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 22, 1873</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>84</i>
11. BIRTHPLACE (City and state or country) <i>unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Benj. F. Dwyer</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Turner</i>	14. NAME OF HUSBAND OR WIFE <i>Fred T. Ellis</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>x Tracy Ellis Luray Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Senility</i> DUE TO (b) <i>Heart Failure</i> 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
21. I attended the deceased from <i>8-2-58</i> to <i>8-11-58</i> and last saw ^{her} alive on <i>8-11-58</i> Death occurred at <i>11-15 pm</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. H. Charming Do?</i> (Degree or title)		22b. ADDRESS <i>Kahoka Mo</i>	
22c. DATE SIGNED <i>8-12-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Aug. 14, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lowest Lane Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Canton Ill.</i>
24. FUNERAL DIRECTOR <i>Otis L. Götting</i> ADDRESS <i>Kahoka, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>8/22-58</i>	26. REGISTRAR'S SIGNATURE <i>J. H. Bridges</i>

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

AUG 28

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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 *John Bohan*

Licensed Embalmer No. *5035*
P. O. Address *Woburn, Ma*

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.