

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000073

STATE FILE NUMBER

FILED FEB 9 1959

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 28

300 0
1-57

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b 1 hr.	d. STREET ADDRESS (If outside, give location) 620 W. Boulevard		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Olive Middle E Last Ellis			4. DATE OF DEATH Month Jan. Day 30 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 6, 1872	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 4 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Davenport, Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Leander Shafer		13b. MOTHER'S MAIDEN NAME Mary Jane Pearson		14. NAME OF HUSBAND OR WIFE Pearly Immanuel Ellis (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Address 621 Ash St. Mrs. Ethan Ellis Centralia, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure					INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension					
DUE TO (c) Pneumonia					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 44.3X					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 12:05 P Month, Day, Year					
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 Mo STATE
21. I attended the deceased from 1953 to 1959 and last saw her Jan 30-1959 alive on Jan 30-1959 Death occurred at 12:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H H Sorrell (Degree or title)		22b. ADDRESS D.O. 2 Mexico Mo		22c. DATE SIGNED 1-31-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-1959	23c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	23d. LOCATION (City, town, or county) (State) Centralia, Missouri		
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. Jan. 31-1959	26. REGISTRAR'S SIGNATURE Blanche Reely		

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.

H H Sorrell 190

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 *Robert Whitaker*

Licensed Embalmer No. *4780*
P. O. Address *Merico, Md.*

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.