

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007326
STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 47

AMENDED

FILED FEB 19 1962

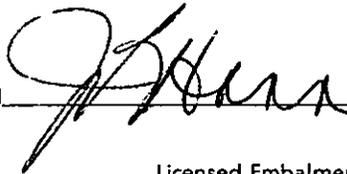
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Length of stay in 1b <u>6 wks</u>		c. CITY OR TOWN <u>Burlington Junction</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>none</u>	
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Rebecca</u> Last <u>Ellis</u>				4. DATE OF DEATH Month <u>Febr</u> Day <u>7</u> Year <u>1962</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/10/72</u>	
				9. AGE (last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____	
						IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Grade Schools</u>		11. BIRTHPLACE (City and state or country) <u>Osage County Iowa</u>	
12. CITIZEN OF WHAT COUNTRY <u>US</u>							
13a. FATHER'S NAME <u>Joseph Ellis</u>				13b. MOTHER'S MAIDEN NAME <u>Lydia Winger</u>		14. NAME OF HUSBAND OR WIFE <u>Not married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Ellis Ellis Washington, Kansas</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>							<u>10-15 yrs</u>
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Decubitus</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____							
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		COUNTY _____ STATE _____	
21. I attended the deceased from <u>Feb 1957</u> to <u>Feb 7, 1962</u> and last saw her alive on <u>2/6/62</u> Death occurred at <u>3:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Shirley M. O</u> (Degree or title)				22b. ADDRESS <u>Maryville, Mo</u>		22c. DATE SIGNED <u>2/9/62</u> (Date)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/9/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>		23d. LOCATION (City, town, or county) <u>Burlington Jct Mo</u>	
24. FUNERAL DIRECTOR <u>J. J. Hanna</u> ADDRESS <u>Burlington Jct Mo</u>				25. DATE RECD. BY LOCAL REG. <u>2-10-62</u>		26. REGISTRAR'S SIGNATURE <u>Beas Holt</u>	

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 SHOULD READ
 BY AFFIDAVIT OF

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  _____
Licensed Embalmer No. 2968

P. O. Address Burl. Jct 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.