

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9358

State File No.

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Moniteau Co</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>High Point . Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>High Point, Mo</u>			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>Elsie</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Ellis</u>				(Month) (Day) (Year) <u>Mar 15 1951</u>			
5. SEX <u>Female</u>				6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>				8. DATE OF BIRTH <u>Feb. 15. 1866</u>			
9. AGE (In years last birthday) <u>85</u>				10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Arville Ellis High Point Mo</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
II. OTHER SIGNIFICANT CONDITIONS				III. ANTECEDENT CAUSES			
Conditions contributing to the death but not related to the disease or condition causing death.				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>1-16</u> , 19 <u>51</u> , to <u>March 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 15</u> , 19 <u>51</u> , and that death occurred at <u>12:10 PM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Kenyon Latham M.D.</u>				23b. ADDRESS <u>California, Mo</u>			
23c. DATE SIGNED <u>3-16-51</u>				24. BURNAL, CREMATION, REMOVAL (Specify) <u>Burial A</u>			
24b. DATE <u>3/17/1951</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Gamble Cemetery.</u>			
24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Boudin - California</u>			
DATE REC'D BY LOCAL REG. <u>3-16-51</u>				REGISTRAR'S SIGNATURE <u>H.R. Popejoy</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Boudin - California</u>				ADDRESS <u>2100</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-22-51 _____

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Earl R. Bowler

Licensed Embalmer No. 2126

P. O. Address California

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