

FILED JUL 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25786**

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>3057</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clemmings Rest Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polo Rural Plant.</u> d. STREET ADDRESS (If rural, give location) <u>0130</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie F.</u> b. (Middle) <u>Ellenburger</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>6-29-1957</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Aug. 10 - 1874</u>	
9. AGE (in years last birthday) <u>80</u>		10. UNDER 1 YEAR (Month) (Day) (Hour) (Min.) <u>10 19</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Misaki Mo. Caldwell Co.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Misaki Mo. Caldwell Co.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>George Fort</u>			13b. MOTHER'S MAIDEN NAME <u>Matt Chivens</u>			14. NAME OF HUSBAND OR WIFE <u>Geo. Ellenburger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. <u>491-42-11770</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wayne Ellenburger Polo Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pyelonephritis</u> INTERVAL BETWEEN ONSET AND DEATH _____ *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral vascular accident.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>6000</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>6-4-</u> , <u>1956</u> , to <u>6-29-</u> , <u>1957</u> , that I last saw the deceased alive on <u>6-29</u> , <u>1957</u> , and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas B. Cook, M.A.</u>				23b. ADDRESS <u>Richmond Missouri</u>		23c. DATE SIGNED <u>7-1-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-1-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Misaki</u>		24d. LOCATION (City, town, or county) (State) <u>Misaki Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 15 - 1957</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alsbaugh & Cowley Polo Mo</u>			

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

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AUG 14 1951

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
Student Embalmer

Signed Erwin L. Howland

Licensed Embalmer No. 4924

P. O. Address Polo, 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 this body is not embalmed, fact should be so stated above.