

STANDARD CERTIFICATE OF DEATH

State File No. **21932**

BIRTH NO. **1111 00 4025** REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **312** Registrar No. **160076**

1. PLACE OF DEATH  
 a. COUNTY **Jasper**  
 b. CITY (If outside corporate limits, write RURAL and give township) **Webb City** LENGTH OF STAY (in this place) **Minutes**  
 c. TOWN **Webb City**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Jane Chinn Hospital** (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, give name of institution before death. If institution, give name of institution.)  
 a. STATE **Missouri** b. COUNTY **Jasper**  
 c. CITY (If outside corporate limits, write RURAL and give township) **Webb City**  
 d. STREET ADDRESS (If rural, give location) **300 S. Jefferson S.**

3. NAME OF DECEASED (Type or Print) **Effie Ellen**  
 4. DATE OF DEATH (Month) (Day) (Year) **June 18 1953**  
 5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED  
 8. DATE OF BIRTH **Nov. 11, 1888** 9. AGE (In years or weeks & days or weeks & months & days) **64**  
 10a. USUAL OCCUPATION (Give kind of work done during most of regular life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Blythe Dale Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**  
 13a. FATHER'S NAME **James Reed** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO.  
 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Ed Horton** ADDRESS **Carthage, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Anoxia**  
 (b) **Cardiovascular Necrosis**  
 (c) **Linear**  
 ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
 11. OTHER SIGNIFICANT CONDITIONS **None**  
 \*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? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE  
 21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, etc.)  
 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
 21d. TIME (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  AT WORK  NOT WHILE AT WORK   
 21f. HOW DID INJURY OCCUR  
 22. I hereby certify that I attended the deceased **June 16 1953**, to **June 18 1953**, that I last saw the deceased alive on **June 8 1953** and that death occurred at **9:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **R.M. Simpson** (Degree or title) **M.D.** 23b. ADDRESS **Webb City, Mo.** 23c. DATE SIGNED **6-19-53**  
 24a. BIRTHPLACE (City, town, or county) **Webb City, Mo.** 24b. LOCATION (City, town, or county) **Webb City, Mo.** (State)  
 24c. NAME OF CEMETERY OR CREMATORY **Mount Hope Cemetery** 24d. LOCATION (City, town, or county) **Webb City, Mo.** (State)  
 DATE RECD BY LOCAL REG. **6-20-53** REGISTRAR'S SIGNATURE **Mr. Madeline Dwyer** 25. FUNERAL DIRECTOR'S SIGNATURE **Arnce Simpson** ADDRESS **Webb City, Mo.**

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-22-53  
Jasper County Health Office

County File Number 53-6-525

Date Filed 6-22-53

JUN 25 1953

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 *Stanley E. Amos*

Licensed Embalmer No. 4463

P. O. Address *Walden City, 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.