

No. 300  
10-48  
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FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8713

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Independence</b>	c. LENGTH OF STAY (In this place) <b>10 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>		d. STREET ADDRESS (If rural, give location) <b>1823 Ralston</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>	b. (Middle) <b>ALICE</b>	c. (Last) <b>ELLSWORTH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 3, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 27, 1892</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b>6</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Sugar Creek, Iowa /</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Anderson</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Walters</b>	14. NAME OF HUSBAND OR WIFE <b>Bernard H. Ellsworth</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bernard H. Ellsworth, Indep., Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Complete obstruction of the bowel due to carcinoma of the sigmoid colon</b> DUE TO (c) <b>152K</b>		
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 <b>Complete obstruction of bowel due to carcinoma</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 21, 1949, to Mar 3, 1949, that I last saw the deceased alive on Mar 3, 1949, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>129 W Lexington Independence, Mo</b>	23c. DATE SIGNED <b>3-4-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/5/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Jackson County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 5-1949</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b> 354	25. FUNERAL DIRECTOR'S SIGNATURE <b>Roland R. Speaks, Independence, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 5 1981

**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.

Signed \_\_\_\_\_

*Stanley M. Sato*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4504*

P. O. Address \_\_\_\_\_

*Independence, 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.