

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19172

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 525

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Greene <u>24</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield <u>U</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield <u>2</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) 1011 N. Broadway <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) M.	c. (Last) Ellsworth	4. DATE OF DEATH (Month) (Day) (Year) June 13 49
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5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2-1913	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS, OR INDUSTRY Salesman	11. BIRTHPLACE (State or foreign country) Anglerr Colorado	12. CITIZEN OF WHAT COUNTRY? U s a
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13a. FATHER'S NAME Neal Ellsworth	13b. MOTHER'S MAIDEN NAME Florence Smiley	14. NAME OF HUSBAND OR WIFE Neva Ellsworth
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW 2	16. SOCIAL SECURITY NO. 495-30-6506	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Neva Ellsworth Spgfld. Mo.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest		10 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Appendicitis		3 days
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5501

19a. DATE OF OPERATION 6/13/49	19b. MAJOR FINDINGS OF OPERATION Acute Gangrenous Appendix	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 6/13/49 1949, to 6/13/49 1949, that I last saw the deceased alive on 6/13/49, 1949, and that death occurred at Springfield from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. D. Vain...	23b. ADDRESS Springfield Mo	23c. DATE SIGNED 6/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-20-49	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 6-17-49	REGISTRAR'S SIGNATURE W. S. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co Springfield Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1910
AUG 3 1910

JUN 28 1910

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 _____

Max F. Rodde

Licensed Embalmer No. _____

4071

Signed _____
Student Embalmer

P. O. Address _____

Grand Ave

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.