

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43628

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <i>Christian County</i>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Christian</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, N. Halloway</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, N. Halloway</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence, Christian Co. P.R.</i>		d. STREET ADDRESS (If rural, give location) <i>Rural, Christian Co. N. Halloway</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mrs Adeline</i> b. (Middle) <i>E</i> c. (Last) <i>Ellingsworth</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 9 1949</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 30 - 1867</i>
9. AGE (In years last birthday) <i>82 years</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>9</i>	IF UNDER 12 HRS. Hours <i>9</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS/OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13a. FATHER'S NAME <i>Newton Cox</i>	13b. MOTHER'S MAIDEN NAME <i>Sis Hammond</i>	14. NAME OF HUSBAND OR WIFE <i>P. H. Ellingsworth</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Bessie Park Highlandville, Mo</i>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cornary Thrombosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS <i>1) Arteriosclerosis Conditions contributing to the death but not related to the disease or condition causing death. 2) Hypertension, arterial</i> INTERVAL BETWEEN ONSET AND DEATH <i>11 yrs many yrs many yrs</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 <i>Dec, 1947</i> to <i>9 Dec, 1949</i> , that I last saw the deceased alive on <i>9 Dec, 1949</i> , and that death occurred at <i>11 p m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J. D. Roper</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Ozark, Mo.</i>	23c. DATE SIGNED <i>12 Dec '49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 11 - 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Porey Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Christian Co. Mo</i>
DATE REC'D BY LOCAL REG. <i>Jan 10 - 1950</i>	REGISTRAR'S SIGNATURE <i>Luella Leonard</i>	59	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>T. B. Chaffin Ozark, Mo</i>

(Licensed Embalmer's Station on Reverse Side)

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

RECEIVED JAN 17 1950

District Health Office No. 6,

District File Number 150-73

Date Filed 1-19-50

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 T. B. Chaffin

Signed.....  
Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.