

FILED NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33204

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 3000 Registrar's No. 916

| | | | |
|---------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHRISTIAN | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HIGHLANDVILLE 0220 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSPITAL | | d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS 1 | |

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|-------------------------------------|-------------------------|--------------------------|-----------|----------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) WILLIAM IVAN | b. (Middle) ELLINGSWORTH | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 26 1951 |
|-------------------------------------|-------------------------|--------------------------|-----------|----------------------------------------------------------|

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|----------------|---------------------------|-------------------------------------------------------------------|----------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JAN. 18-1888 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|----------------|---------------------------|-------------------------------------------------------------------|----------------------------------|---------------------------------------|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER & CARPENTER | 10b. KIND OF BUSINESS OR INDUSTRY FARMING & CARPENTER | 11. BIRTHPLACE (State or foreign country) U HIGHLANDVILLE - MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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|-------------------------------------------------|------------------------------------------|------------------------------------------------------------|
| 13a. FATHER'S NAME ROBERT JAMES ELLINGSWORTH | 13b. MOTHER'S MAIDEN NAME JANE HASLIP | 14. NAME OF HUSBAND OR WIFE MABLE PRESTON, ELLINGSWORTH |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT'S SIGNATURE OR NAME MRS. JANE ELLINGSWORTH, HIGHLANDVILLE | ADDRESS 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, asthenia, 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) Coronary Occlusion | | 1 day |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardosis DUE TO (c) Age, sclerosis | | 1 yr 5 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute bronchopneumonia | | 1 mos | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 10-3 - 1951, to 10/26/ 1951, that I last saw the deceased alive on 10/25/ 1951, and that death occurred at 2:00 A. m., from the causes and on the date stated above.

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|----------------------------------------|-------------------|---------------------------------|------------------------------|
| 23a. SIGNATURE Edward G. Hall, M.D. | (Degree or title) | 23b. ADDRESS Springfield, Mo | 23c. DATE SIGNED 10/26/51 |
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|-----------------------------------------------------|-------------------------|-----------------------------------------------------|--------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 10-28-1951 | 24c. NAME OF CEMETERY OR CREMATORY HIGHLANDVILLE | 24d. LOCATION (City, town, or county) (State) HIGHLANDVILLE MO. |
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| DATE REC'D BY LOCAL REG. 10-30-51 | REGISTRAR'S SIGNATURE W. E. Handley, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE John Alan Harris, Clever, Mo. | ADDRESS |
|--------------------------------------|----------------------------------------------|-------------------------------------------------------------------|---------|

(Licensed Embalmer's Statement on Reverse Side)

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

1396
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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 John Allan Harris

Licensed Embalmer No. 4390

P. O. Address Cleves, 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.