

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5551**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3042** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY Marion 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal		c. LENGTH OF STAY (in this place) 1 week	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		e. STREET ADDRESS (If rural, give location) 718 S. Main 06801	

3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) _____ c. (Last) ELLINGTON			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5th 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 25th 1865	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR: Hours _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Benbow Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Spratt		13b. MOTHER'S MAIDEN NAME Nancy Hutcherson		14. NAME OF HUSBAND OR WIFE Scott Ellington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Catherin Ellington ADDRESS Palmyra Mo.	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days -
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 491 X		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) _____		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 **29 Feb**, 1955, to **5 Feb**, 1955, that I last saw the deceased alive on **4 Feb**, 1955, and that death occurred at **9:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wyneth Hornlin M.D. (Degree or title) 0		23b. ADDRESS Wyneth Hornlin Palmyra Mo.		23c. DATE SIGNED 9 Feb 1955	
24a. BURIAL (Specify) Burial		24b. DATE Feb. 8th 1955		24c. NAME OF CEMETERY OR CREMATOR Greenwood Cemetery	
DATE REC'D BY LOCAL REG. 2/16/55		REGISTRAR'S SIGNATURE W. M. Lucke R. M. Etzler		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Sprague ADDRESS Palmyra Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 18 1955

MARION CO. HEALTH DEPT.

DATE FILED FEB 18 1955

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.....
Signature of Student Embalmer

Signed..... *E. J. Sprague*.....

Licensed Embalmer No. 3245.....

P. O. Address Palmyra 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.