SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020705
STATE FILE NUMBER

AMENDED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 93

FILED JUN 19 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Smithville — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Smithville Community Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Smithville — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Floyd Middle: Dwaine Last: Ellington

4. DATE OF DEATH: Month: June Day: 14, Year: 1961

5. SEX: Ma
6. COLOR OR RACE: Wh
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 6-13-61
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months 0 Days 0 — IF UNDER 24 HR: Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Smithville, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jerry Ellington
13b. MOTHER'S MAIDEN NAME: Alice Nancy Dial Ellington
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Jerry Ellington Address: Smithville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): cerebral anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): asphyxia from aspiration of amniotic fluid
DUE TO (c): prior to delivery fetal distress
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-13-61, to 6-14-61 and last saw ~~her~~ him alive on 6-14-61
Death occurred at 4:17 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Swalfram M.D.
22b. ADDRESS: Smithville Clinic, Smithville, Mo
22c. DATE SIGNED: 6-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-15-61
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Smithville, Missouri

24. FUNERAL DIRECTOR: McComas Funeral Home ADDRESS: Smithville, Mo.
25. DATE RECD. BY LOCAL REG.: 6-15-61
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Miss.

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.