

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029024

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 55-15 Registrar's No. 203

AMENDED

FILED SEP 5 1961

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Huntingdale</u>		Length of stay in 1b <u>14 yrs.</u>	c. CITY OR TOWN <u>Huntingdale</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shounce twp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>R2D1 Clinton Mo. Shounce twp.</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>W<sup>M</sup> EARL ELLINGTON</u>			4. DATE OF DEATH Month Day Year <u>Aug 28 1961</u>														
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-16-1890</u>	9. AGE (last birthday) <u>71</u> <table border="1"> <tr> <th colspan="2">UNDER 1 YEAR</th> <th colspan="2">IF UNDER 24 HR</th> </tr> <tr> <td>Months</td> <td>Days</td> <td>Hours</td> <td>Min.</td> </tr> <tr> <td></td> <td><u>0 12</u></td> <td></td> <td></td> </tr> </table>		UNDER 1 YEAR		IF UNDER 24 HR		Months	Days	Hours	Min.		<u>0 12</u>		
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Months	Days	Hours	Min.														
	<u>0 12</u>																
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Repair Shop.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Repair Shop Henry County Mo.</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>													

13a. FATHER'S NAME <u>John W Ellington</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Bradford</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>514-03-9765</u>	17. INFORMANT Address <u>Mrs. Les. Smith, Adrain Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown Natural Causes.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Apparent Myocardial Infarction</u>	
	DUE TO (c)	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 unattended to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at approx 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Richard H. King M.D.</u> (Degree or title) <u>Henry County Coroner</u>		22b. ADDRESS <u>106 S. 3rd Clinton Mo.</u>	22c. DATE SIGNED <u>8/29/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/31/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Paul</u>	23d. LOCATION (City, town, or county) (State) <u>Henry County Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Schaberg Funeral Home</u> <u>Clinton, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 31, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigums</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**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 F. J. Schobing

Licensed Embalmer No. 4513

P. O. Address Denton

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.