

No. 300  
10-48  
840

FILED APR 9 1951

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9620

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 21

1. PLACE OF DEATH  
a. COUNTY Polk  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville  
c. LENGTH OF STAY (in this place) 2 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION George Dimmitt Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Polk  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cliquot 0840  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) Charles b. (Middle) Ellsworth c. (Last) Ellsworth

4. DATE OF DEATH (Month) (Day) (Year)  
March 26 1951

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Oct. 22, 1876

9. AGE (In years last birthday) 74

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired R.R. worker

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Muncie, Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jasper Ellsworth

13b. MOTHER'S MAIDEN NAME Catherine Vermillion

14. NAME OF HUSBAND OR WIFE Rosa Ellsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosa Ellsworth ADDRESS Cliquot, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chronic Myocarditis  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4222

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24, 1951, to 3-26, 1951, that I last saw the deceased alive on 3-26, 1951, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE S. S. Robinson M.D. (Degree or title)

23b. ADDRESS Humansville, Mo.

23c. DATE SIGNED 3/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE March 28, 1951

24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery

24d. LOCATION (City, town, or county) (State) Polk County, Mo.

DATE REC'D BY LOCAL REG. Mar 28, 1951

REGISTRAR'S SIGNATURE 258 Ralph Gordon

25. FUNERAL DIRECTOR'S SIGNATURE Turpin Funeral Home

ADDRESS Bolivar, Mo.

(Licensee Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED APR 5 1951

Dist. File 431-721

Date Filed 4-5-51

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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Donald D. Griffin*

Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.