

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32294**

FILED OCT 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Aurora</u>	
c. LENGTH OF STAY (in this place) <u>50 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>14 W. Delta St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 W. Delta St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>FLETCHER</u> c. (Last) <u>ELLINGSWORTH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 17, 1862</u>
9. AGE (In years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Ponce De Leon, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>William Ellingsworth</u>		13b. MOTHER'S MAIDEN NAME <u>Unkown</u>		14. NAME OF HUSBAND OR WIFE <u>Cordie McGinnis</u>	
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Homer Mc Dowell Aurora Mo.</u>	

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 <u>48 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritic Nephritis</u> DUE TO (c) <u>Chronic</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Osteoarthritis</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 May, 1948, to Sept., 1953, that I last saw the deceased alive on Sept 29, 1953, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. J. McCallum M.D.</u>		23b. ADDRESS <u>315 W. Medical Ave. Des Moines</u>		23c. DATE SIGNED <u>Sept 53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-2-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-2-53</u>		REGISTRAR'S SIGNATURE <u>Orin Mc Nott</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William Wood Funeral Home James W. Crafton Aurora, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 James D. Crapton

Licensed Embalmer No. 4668

P. O. Address Aurora, Ill.

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.