

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **6133**
 Registrar's No. **1734**

FILED MAR 8 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY Jefferson	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN House Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Rt. # 1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Mildred	b. (Middle) E.	c. (Last) Ellington	Feb. 22, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 16, 1932.	9. AGE (In years last birthday) 22.	# OUNCES YEAR # OUNCES IN WEEK Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) Perry County, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anthony Jacob.	13b. MOTHER'S MAIDEN NAME Theresa Hilderbrand	14. NAME OF HUSBAND OR WIFE Roy C. Ellington.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. Nil.	17. INFORMANT'S SIGNATURE OR NAME Roy C. Ellington, House Springs, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. DATE OF OPERATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Ulcerative Colitis		INTERVAL BETWEEN ONSET AND DEATH 2 months
ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		
DUE TO (b) Morbid conditions, if any, giving 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.		

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) 572.2
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 Jan 1953 to Feb 22, 1954, that I last saw the deceased alive on Feb 22, 1954, and that death occurred at 7:22 PM., from the causes and on the date stated above.

23a. SIGNATURE Robert T. Cleaver M.D.	(Degree or title) U	23b. ADDRESS P.O. Box 6 Springton 23 Mo	23c. DATE SIGNED 2-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-23-54	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Highland, Missouri.
DATE REC'D BY LOCAL REG. FEB 23 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.	

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.....
Signature of Student Embalmer

Signed *John J. Haines*
Licensed Embalmer No. *4100*
P. O. Address *St. Louis*

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.