

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8265

State File No. ....

FILED MAR 22 1954 BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene 0390</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Willard</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baptist Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>RFD#2 Box 246</b>	
3. NAME OF DECEASED (Type or Print) <b>JOHN WILLIAM ELLIS Sr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 14, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10 Sept. 1913</b>
9. AGE (In years last birthday) <b>41</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Aud Ellis</b>		13b. MOTHER'S MAIDEN NAME <b>Robinson</b>	14. NAME OF HUSBAND OR WIFE <b>Sylvia Ellis</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sylvia Ellis Willard, Mo.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suffocation</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Angio Neurotic Edema of Glottis</b> DUE TO (c) <b>Secondary to Penicillin</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>953x 46</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Campbell Greene Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>March 14, 1954</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Allergic reaction to Penicillin</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:40 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Dr. E. J. Jenkins</b> Dr. E. J. Jenkins, CORONER 3		23b. ADDRESS <b>Springfield, Mo</b>	
23c. DATE SIGNED <b>3-19 '54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-17-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-19-54</b>		REGISTRAR'S SIGNATURE <b>Earl Williams</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Willingness Co.</b>		ADDRESS <b>Springfield, Mo.</b>	

(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 .....  
Signature of Student Embalmer

Signed *Max Rhode* .....

Licensed Embalmer No. *40* .....

P. O. Address *Spring* .....

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.