

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024200

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 70

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 11 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Polk</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>                          |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Fair Play</u>   |                               | Length of stay in lb <u>75</u>  | c. CITY OR TOWN <u>Fair Play</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home</u>  |                               | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <u>RFD</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>William</u> Middle <u>None</u> Last <u>Ellsworth</u>  |                               | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>28</u> Year <u>1962</u>  |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/16/1880</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>Farmer</u>   | 9. AGE (last birthday) <u>81</u>  |
| 11a. FATHER'S NAME <u>Jasper Ellsworth</u>  |                               | 11b. MOTHER'S MAIDEN NAME <u>Cathrine Vermillion</u>  |   |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |                               | 12b. SOCIAL SECURITY NO. <u>None</u>  |   |
| 13a. FATHER'S NAME <u>Jasper Ellsworth</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Cathrine Vermillion</u>  |   |
| 14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |                               | 14b. SOCIAL SECURITY NO. <u>None</u>  |   |
| 15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pulmonary Infarction</u>  |                               | 16. BIRTHPLACE (City and state or country) <u>Anderson, Indiana</u>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Thrombophlebitis leg.</u>   |                               | 17. CITIZEN OF WHAT COUNTRY <u>USA</u>  |   |
| DUE TO (c) _____  |                               | 18. NAME OF HUSBAND OR WIFE <u>Alma Ellsworth</u>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                               | 19. NAME OF HUSBAND OR WIFE <u>Alma Ellsworth</u>   |   |
| PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |                               | 20. SOCIAL SECURITY NO. <u>None</u>   |   |
| 21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                               | 21. INFORMANT <u>Alma Ellsworth</u>   |   |
| 22. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                               | 22. ADDRESS <u>Fair Play, Mo.</u>   |   |
| 23. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                               | 23. ADDRESS <u>Fair Play, Mo.</u>   |   |
| 24. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  |                               | 24. ADDRESS <u>Fair Play, Mo.</u>   |   |
| 25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                               | 25. ADDRESS <u>Fair Play, Mo.</u>   |   |
| 26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                               | 26. ADDRESS <u>Fair Play, Mo.</u>   |   |
| 27. CITY, TOWN, OR LOCATION   |                               | 27. ADDRESS <u>Fair Play, Mo.</u>   |   |
| 28. COUNTY  |                               | 28. ADDRESS <u>Fair Play, Mo.</u>   |   |
| 29. STATE   |                               | 29. ADDRESS <u>Fair Play, Mo.</u>   |   |
| 21. I attended the deceased from <u>6-14-62</u> to <u>6-28-62</u> and last saw her/him alive on <u>6/27/62</u><br>Death occurred at <u>10:15 P. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |                               | 30. DATE SIGNED <u>6/30/62</u>  |   |
| 22a. SIGNATURE (Degree or title)<br><u>D C McCrean MD</u>   |                               | 31. ADDRESS <u>Bolivar Mo</u>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                               | 32. DATE <u>July 1, 1962</u>  |   |
| 23b. DATE   |                               | 33. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY  |                               | 34. LOCATION (City, town, or county) (State)<br><u>NW of Bolivar, Missouri</u>  |   |
| 24. FUNERAL DIRECTOR<br><u>Paul D. Butler - Bolivar, Missouri</u>   |                               | 35. DATE RECD. BY LOCAL REG. <u>July 3, 1962</u>  |   |
| 25. DATE RECD. BY LOCAL REG.  |                               | 36. REGISTRAR'S SIGNATURE<br><u>Ralph Gordon per Jewell Gordon</u>  |   |

JUL 20 1962

**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 Danny Martin, Student Embalmer No. 663

working under my personal supervision.

Student Danny J. Martin  
Signature of Student Embalmer

Signed Paul D. Butler

Licensed Embalmer No. 4471

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.