

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1104**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **59**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City "Rural"</b>	
c. LENGTH OF STAY (In this place) <b>5 Mos</b>		d. STREET ADDRESS (If rural, give location) <b>2022 West 48th. Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Trinity Luthern Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Darlene</b>		b. (Middle)		c. (Last) <b>Ellers</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 4 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>1 -19- 1936</b>	
9. AGE (In years last birthday) <b>14</b>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Girl</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							

13a. FATHER'S NAME <b>Jesse Ellers</b>		13b. MOTHER'S MAIDEN NAME <b>No Record</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jesse Ellers, LeRoy Kansas</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Coma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hr.</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Diabetes Mellitus</b>	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>2600X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 **1/2, 1951**, to **1/4, 1951**, that I last saw the deceased alive on **1/4, 1951**, and that death occurred at **11:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J.W. Young</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1401 S. Fr. Blvd. Kc.</b>		23c. DATE SIGNED <b>1/5/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>		24b. DATE <b>1-5-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LeRoy</b>		24d. LOCATION (City, town, or county) (State) <b>LeRoy, Kansas</b>	
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DATE REC'D BY LOCAL REG. <b>1-5-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C.L. Forster</b>		ADDRESS <b>Kansas City, Mo.</b>	
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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Lou Clark*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4216*

P. O. Address *Kansas City 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.