No. 300
10-48

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8343

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1038

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (in this place) 50 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 303 EAST-66TH STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
d. STREET ADDRESS (If rural, give location) 303 EAST-66TH STREET

3. NAME OF DECEASED (Type or Print) a. (First) MARVIN b. (Middle) HOMER c. (Last) ELLIOTT

4. DATE OF DEATH (Month) (Day) (Year) MARCH 3 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH NOV-18-1883
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRADER
10b. KIND OF BUSINESS OR INDUSTRY LIVESTOCK
11. BIRTHPLACE (State or foreign country) PATTONSBURG MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM ELLIOTT
13b. MOTHER'S MAIDEN NAME CALLIE —
14. NAME OF HUSBAND OR WIFE MRS. ALMA ELLIOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 487-05-8440
17. INFORMANT'S SIGNATURE OR NAME MRS. ALMA ELLIOTT ADDRESS 303 EAST-66TH ST. KANSAS CITY, MO.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH at least 18 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of prostate — unk

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 177X

19a. DATE OF OPERATION 4-23-51 4-30-51
19b. MAJOR FINDINGS OF OPERATION Biopsy of Pelvis — Carcinomatosis — bilateral Archeolomy —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO
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) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 14, 1950, *to* March 3, 1952, *that I last saw the deceased alive on* March 3, 1952, *and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard H. Kiene (Degree or title) Richard H Kiene M.D
23b. ADDRESS 4312 J.C. Nicholas Parkway
23c. DATE SIGNED March 4 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAR-5-1952
24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY
24d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

DATE REC'D BY LOCAL REG. 3-5-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

45757

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, M

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.