

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1295

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Kansas</p>		b. COUNTY <p align="center">Johnson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (In this place) <p align="center">12 days</p>		c. CITY OR TOWN <p align="center">Mission</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Menorah Hospital</p>		e. STREET ADDRESS (If rural, give location) <p align="center">5100 West 67th St.</p>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">WALTER</p>		b. (Middle) <p align="center">J.</p>		c. (Last) <p align="center">ELLIS, jr.</p>	
4. DATE OF DEATH (Month) (Day) (Year) <p align="center">3 22 54</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <p align="center">Nov. 11, 1898</p>	
5. SEX <p align="center">Male</p>		6. COLOR OR RACE <p align="center">White</p>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <p align="center">55</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Superintendent</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">A&P Grocery Chain</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Noank, Connecticut /</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>		13a. FATHER'S NAME <p align="center">Walter J. Ellis</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Iddetta Prought</p>	
14. NAME OF HUSBAND OR WIFE <p align="center">Dorothy Ellis</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">yes W.W. #2</p>		16. SOCIAL SECURITY NO. <p align="center">322-10-1210</p>	
17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs. Dorothy Ellis, 5100 W. 67, Mission, Ks.</p>		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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Corneal Keratitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Corneal Arteriosclerosis</u> DUE TO (c) 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <u>April 25, 1954</u> , to <u>May 22, 1954</u> , that I last saw the deceased alive on <u>March 22, 1954</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <p align="center">Jack W. Wolf</p>		23b. ADDRESS <p align="center">415 E. 63 St. Kansas City, Mo.</p>		23c. DATE SIGNED <p align="center">3/23/54</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Removal</p>		24b. DATE <p align="center">3-21-54</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">—</p>	
24d. LOCATION (City, town, or county) (State) <p align="center">Noank, Connecticut</p>		DATE REC'D BY LOCAL REG. <p align="center">3-23-54</p>		REGISTRAR'S SIGNATURE <p align="center">Staldine Smith</p>	
25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">STINE & McCLURE UND. CO.</p>		ADDRESS <p align="center">K.C. MO.</p>			

Mr. J. H. [unclear]
403 E. 63rd
Em-0724

TOE 810

MAY 11 1951

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 F. S. Walton.....

Licensed Embalmer No. 274

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.