

FILED NOV 15 1956

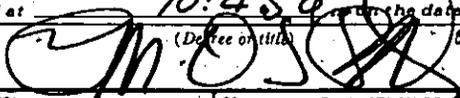
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33951

STATE FILE NUMBER

4687

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 14687

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Kansas City</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Mansfield</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>			Length of stay in 1b <b>3 Weeks</b>		d. STREET (If outside, give location) ADDRESS <b>Route # 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <b>BERT</b>			First <b>R.</b>		Middle <b>ELLIS</b>		Last		4. DATE OF DEATH Month <b>10</b> Day <b>27</b> Year <b>56</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 22, 1881</b>		9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter (Retired)</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and state or country) <b>Spickard, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>					
13. FATHER'S NAME <b>Robert J. Ellis</b>						14. MOTHER'S MAIDEN NAME <b>Julia Ann Marrs</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>486-10-5225</b>		17. INFORMANT Address <b>Mrs Urilla Ellis, Rt. #1 Mansfield, Mo.</b>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction - Acute</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <b>Arteriosclerosis</b>		?	
DUE TO (c)										4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>None</b>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month, Day, Year <b>None</b>													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE				
21. I attended the deceased from <b>10-27-56</b> to <b>10-27-56</b> and last saw him alive on <b>10-27-56</b> Death occurred at <b>10:45 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE 						22b. ADDRESS <b>1008 S. MEDICAL BLDG. 71ST AT TOMAHAWK PRAIRIE VILLAGE - KANSAS</b>			22c. DATE SIGNED <b>10-29-56</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/30/56</b>		23c. NAME OF CEMETERY OR CREMATORIUM <b>Floral Hills Cemetery</b>								23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
24. FUNERAL DIRECTOR <b>QUIRK &amp; TOBIN 20 W Linwood, K.C. Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>10-30-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minchell</b>							

(Licensed Embalmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
Service300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

G. M. Osgood  
MEDICAL CERTIFICATION  
M. O. S. J. S.

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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 *William M. Jurney*

Licensed Embalmer No. *46*

P. O. Address *207th Lincoln*  
*Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.