

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 25 1957

STATE FILE NUMBER **7662**  
282

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Doniphan</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>Highland</b> <b>81508</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo.Meth. Hosp.</b>		Length of stay in lb <b>3 days</b>	d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>HARLEY</b> Last <b>ELLIS</b>			4. DATE OF DEATH Month <b>March</b> Day <b>7</b> Year <b>1957</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>Feb. 4, 1879</b>		9. AGE (In years last birthday) <b>78</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. druggist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Drug Store</b>	11. BIRTHPLACE (City and state or country) <b>Troy, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Charles Ellis</b>		14. MOTHER'S MAIDEN NAME <b>Mary Harley</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>none</b>	17. INFORMANT Address <b>Mrs. Grace Ellis, Highland, Kansas</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>Ventricular fibrillation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>seconds</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Extensive myocardial infarction, left ventricle</b>			<b>3 days</b>
DUE TO (c) <b>Arteriosclerotic heart disease.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>4200</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>4200</b>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
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 **March 4, 1957** to **March 7, 1957** and last saw her alive on **March 6, 1957**  
Death occurred at **11:55 a.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Carol A. Potter* (Degree or title) **Carol A. Potter Jr. M. D.** 22b. ADDRESS **Physicians & Surgeons Bldg.** 22c. DATE SIGNED **3-11-57**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **3/7/1957** 23c. NAME OF CEMETERY OR CREMATORY **Highland, Kansas** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR **Heaton Bowman** ADDRESS **St Joseph Mo** 25. DATE RECD. BY LOCAL REG. **March 18, 1957** 26. REGISTRAR'S SIGNATURE **Ethel M. Allison**

Health, Welfare, Public Service  
000-556  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All doctor, coroner, etc. must use only standard nomenclature in item 10. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

**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 *James H. Hawkins*

Licensed Embalmer No. 453

P. O. Address 319 So 10th St

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.