. Health,
& Welfare
. Public
h Service

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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13717
STATE FILE NUMBER

FILED APR 29 1957 Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg, Inside Limits Yes ☐ No ☐ Yes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 50, East. Length of stay in 1b 3 years.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Warrensburg, Missouri Inside Limits Yes ☐ No ☐ Yes
d. STREET ADDRESS (If outside, give location) Highway East, #50 Reside on Farm Yes ☐ No ☐ No

3. NAME OF DECEASED (Type or print) First COY Middle JOSEPH Last ELLIS
4. DATE OF DEATH Month April Day 22nd. Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 13, 1904
9. AGE (In years last birthday) 52 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) Motel Operator,
10b. KIND OF BUSINESS OR INDUSTRY Top Hat Motel,
11. BIRTHPLACE (City and state or country) Oak Grove, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Ellis,
14. MOTHER'S MAIDEN NAME Sara Eliz Russell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) World War#2
16. SOCIAL SECURITY NO. 489-36-6303
17. INFORMANT Address Mrs. Raye Ellis, Warrensburg, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 181X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ No 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3-26-57, to 4-22-1957 and last saw ~~her~~ him alive on 4-22-57
Death occurred at 10:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Lee Cooper M.D.
22b. ADDRESS Warrensburg, Missouri.
22c. DATE SIGNED 4-23-1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-24-1957
23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery,
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri.

24. FUNERAL DIRECTOR ADDRESS R.A.Brauninger, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. Apr. 24, 1957
26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

147
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APR 30 1957

APR 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R A Brauninger

Licensed Embalmer No. 337

P. O. Address Warrenskin

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