

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032651

STATE FILE NUMBER 4124

FILED SEP 16 1958

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

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3821 Troost		Length of stay in lb 33 yrs	d. STREET ADDRESS 3821 Troost Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ARTHUR Middle W. Last ELLIS			4. DATE OF DEATH Month 8 Day 27 Year 58
5. SEX ♂ Ma	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-11-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Mound City, Kansas
13a. FATHER'S NAME Benjamin Ellis		13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE Ada G. Ellis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 492-14-1537	17. INFORMANT Fred W. Ellis, 3821 Troost, K.C. Mo.
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 the prostate - metastatic			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) _____			177x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) generalized arteriosclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) ITEM 8, 9 CORRECTED		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	BY: 1. AFFIDAVIT OF Informant 2. DOCUMENT Bible Record		
20d. INJURY OCCURRED WHILE AT <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 M.	COUNTY _____ STATE _____
21. I attended the deceased from Oct. 1957 to Aug. 1958 and last saw her alive on 8-27-58 Death occurred at 8:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Raymond W. Stockton M.D.		22b. ADDRESS 411 Indianas Rd. KCMO.	22c. DATE SIGNED 8-29-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-28-58	23c. NAME OF CEMETERY OR CREMATORY Pleasanton Cemetery	23d. LOCATION (City, town, of county) (State) Pleasanton, Kansas
24. FUNERAL DIRECTOR Wagner Funeral Home		ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 8-29-58
26. REGISTRAR'S SIGNATURE Neva Marshall			

All diseases in Part I must be causally related. Secondary, voluntary etc. must use only Standard nomenclature in item 18. No symptoms will be listed.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Raymond W. Stockton



PL - 3 - 2033

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 *Alvin R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *K. E. Mc*

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.