

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039931

STATE FILE NUMBER

REG DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5434

5. 300

1-57

All diseases in Part I must be causally related.

Wh. H. Goodson, Jr. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

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>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</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>Trinity Lutheran Hosp.</b>		Length of stay in lb <b>10 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>418 Marsh</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BERTHA</b> Middle <b>MAY</b> Last <b>ELLIS</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>14,</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 25, 1903</b>
9a. AGE (In years last birthday) <b>55</b>		9b. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	9c. IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Practical Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Nursing</b>	11. BIRTHPLACE (City and state or country) <b>Brownington, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Thomas Richard Austin</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown Broyles</b>		14. NAME OF HUSBAND OR WIFE <b>Alva E. Ellis, deceased</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>491-22-1030</b>	
17. INFORMANT <b>Albert E. Ellis, 418 Marsh, Kansas City, Mo.</b>		Address	
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>Acute Cardiac dilatation</b> <b>Auricular fibrillation</b> at least 4 weeks DUE TO (b) <b>Undetermined cause</b> DUE TO (c) <b>unknown</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Severe obesity</b>			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour <b>6:20 AM</b> Month, Day, Year a.m. <b>Nov. 14, 1958</b> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>Kansas City, Missouri</b>		20f. COUNTY <b>Jackson</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>October 20, 1958</b> to <b>November 14, 1958</b> last saw her alive on <b>NOV. 13, 1958</b> Death occurred at <b>6:20 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. H. Goodson, Jr.</i> (Degree or title) <b>D</b>		22b. ADDRESS <b>730 Professional Bg. Kansas City, Missouri</b>	
22c. DATE SIGNED <b>NOV. 14, 1958</b>		22d. REGISTRAR'S SIGNATURE <i>Alva Marshall</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 17, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jackson County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons, Indep. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-17-58</b>	

262-3434

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

*R. Kenneth Patterson*

Licensed Embalmer No. *4627*

P. O. Address *Andover, Ma.*

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.