

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043554  
STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 105

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY OR TOWN <u>North Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>North Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>807 E. 24th Ave</u> Length of stay in 1b <u>11 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>807 E. 24th Ave</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Olin</u> Middle <u>Carnes</u> Last <u>Ellenberger</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>26</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 19, 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during last working life, with dates) <u>Custodian 1st Dept Church NKC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plattsburg Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>Josiah Ellenberger</u>		14. NAME OF HUSBAND OR WIFE <u>Golda Ellenberger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (unknown) (If yes, give war or dates of service)) <u>NO</u>		17. INFORMANT <u>Mrs Golda Ellenberger 807 E 24</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Melanotic Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hyper nephroma of rt. kidney</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>6 months</u>
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.) <u>180X</u>	
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 <u>1950</u> to <u>1958</u> and last saw her alive on <u>12/26/58</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R.D. Dwyer</u> (Degree or title) _____		22b. ADDRESS <u>1806 Kniff Ave Plattsburg Mo</u>	
22c. DATE SIGNED <u>12/27/58</u>			
23a. BURIAL, CREMATION, REPAVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 29-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Mem B.</u>		23d. LOCATION (City, town, or county) (State) <u>Clay Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>D.W. Neumann Sons NKC</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>12-27-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc.: Must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

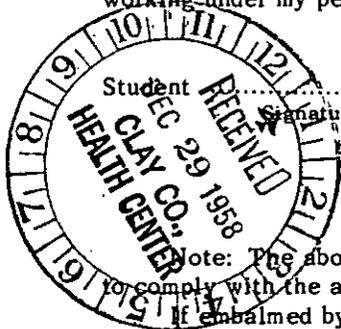
MEDICAL CERTIFICATION

Dr. R. D. DWYER

JAN 26 1959

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.



Signed *Glenn H. Hill*

Licensed Embalmer No. *4586*  
P. O. Address *K.C. 16, Kan*

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.