

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021329  
STATE FILE NUMBER

FILED JUL 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3163

300  
-157

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>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Forest Ave. Nursing</b>		d. STREET ADDRESS <b>2905 Forest</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Minnie Ellsworth</b>		4. DATE OF DEATH Month Day Year <b>6 27 59</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-10-1893</b>
9. AGE (In years last birthday) <b>75</b>	10. USUAL OCCUPATION (Give kind of work done during life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Mapleton, Kas.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Henry Ellsworth</b>	
13b. MOTHER'S MAIDEN NAME <b>Malinda</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give number of years of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mr. &amp; Mrs. Alvin Wynn</b>		Address <b>R. C. K. 2905 Forest</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>Carcinoma of Breast, left.</b>			INTERVAL BETWEEN ONSET AND DEATH
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)			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.)		
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 Death occurred at <b>June 8, 1959, 8:15</b> and last saw her alive on <b>June 26, 1959</b> in <b>June 18, 1959</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. H. Bryan M.D.</b>		22b. ADDRESS <b>2122 E. 12th St</b>	
22c. DATE SIGNED <b>6-29-59</b>			
23a. BURIAL, CREMATION, REMOVAL <b>anatomical removal</b>	23b. DATE <b>7-1-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Medical Bldg.</b>	23d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>
24. FUNERAL DIRECTOR <b>Lawrence A. Jones</b>		ADDRESS <b>2304 Vine</b>	25. DATE RECD. BY LOCAL REG. <b>6-29-59</b>
26. REGISTRAR'S SIGNATURE <b>Neve Minshall</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. H. Bryan

**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 *Lawrence P. G.* .....

Licensed Embalmer No. *444* .....

P. O. Address *2307 1/2* .....

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.