URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 23 1959

59-032315

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4247

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 2 hrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) V.A. Hospital, — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY ~~Johnson~~ WYANDOTTE
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1308 Waverly — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First John Middle F Last Elliott

4. DATE OF DEATH Month 8th Day 30th Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 5-23-92
9. AGE (last birthday) 67 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY ~~XXXXXX~~ USA

13a. FATHER'S NAME Alexander Elliott
13b. MOTHER'S MAIDEN NAME Maebelle Sellman
14. NAME OF HUSBAND OR WIFE Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 5-13-18 to 9-5-19
16. SOCIAL SECURITY NO. 486093606
17. INFORMANT Address VA Hospital Records, Kansas City, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Pulmonary edema

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac decompensation (clinical)
DUE TO (c) Hypertensive heart disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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. VA attended the deceased from August 30, 1959, to August 30, 1959 ~~XXXXXXXXXXXXX~~ him
Death occurred at 4:10 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner MD
22b. ADDRESS VA Hospital, Kansas City, Mo
22c. DATE SIGNED 8-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-2-59
23c. NAME OF CEMETERY OR CREMATORY Highland Park
23d. LOCATION (City, town, or county) (State) Kans City Kans

24. FUNERAL DIRECTOR ADDRESS D W Pincomes Sons K.C.Ks.
25. DATE RECD. BY LOCAL REG. 9-1-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Hugh H. Owens MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert E Hearon

Signature of Student Embalmer

Licensed Embalmer No. 484

P. O. Address K. C. Ko.

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