

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 15 1960

60-001527  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 600

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JACKSON</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>	a. STATE <b>KANSAS</b>	b. COUNTY <b>Shawnee</b>
Length of stay in 1b <b>73 Day</b>		c. CITY OR TOWN <b>TOPEKA</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>VA HOSPITAL</b>		d. STREET ADDRESS <b>1197 Clay</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>EDWIN</b>	Middle <b>CLIFTON</b>	Last <b>ELLIS</b>	Month <b>JANUARY</b>	Day <b>31</b>
Year <b>1960</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-14-22</b>	9. AGE (last birthday) <b>37</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance Adjuster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>	11. BIRTHPLACE (City and state or country) <b>MILFORD, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Major F. Ellis</b>	13b. MOTHER'S MAIDEN NAME <b>Maud Fleming</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Ellis</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 10-13-42 to 5-22-43</b>		16. SOCIAL SECURITY NO. <b>511-16-5938</b>
17. INFORMANT <b>Mary Ellis, 1197 Clay, Topeka, Kns</b> <b>Official Records, VA Hospital, K.C., Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <b>Bronchopneumonia, RUL</b>	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) <b>Cirrhosis, portal</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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 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 <b>VA</b>		COUNTY <b>Shawnee</b>
21. I attended the deceased from <b>November 19, 1959</b> to <b>January 31, 1960</b>		Death occurred at <b>12:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. A. Turner, M.D.</i>	22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	22c. DATE SIGNED <b>1-31-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2/1/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Linch Linocreek Cemetery</b>
23d. LOCATION (City, town, or county) <b>Topeka Kansas</b>		(State)

24. FUNERAL DIRECTOR ADDRESS <b>D.W. Newcomer Sons 1531 Brush Creek Blvd. Kansas City Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>2-2-60</b>	26. REGISTRAR'S SIGNATURE <i>New Marshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Roger F. Fuller*

Licensed Embalmer No. 4818

P. O. Address K.C.M.

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