

RI DIVISION - OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006254

FILED VS. MAR 11 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No. 1126

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 week		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Luth. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3817 Metropolitan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) George H. Ellifrits				4. DATE OF DEATH Month February Day 23 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-2-1904		9. AGE (last birthday) 55		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) Truck Driver			10b. KIND OF BUSINESS OR INDUSTRY Stewart Sand Co.		11. BIRTHPLACE (City and state or country) Rich Hill, Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME George Ellifrits				13b. MOTHER'S MAIDEN NAME Ossie Brown				14. NAME OF HUSBAND OR WIFE Bertha E. Ellifrits					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. II				16. SOCIAL SECURITY NO. 513-01-8732		17. INFORMANT 3817 Metropolitan K.C.K. Mrs. Bertha E. Ellifrits (Wife)							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion										INTERVAL BETWEEN ONSET AND DEATH 1 hr			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis Coronary Artery ?													
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Umbilical hernia repair 2-17-60								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 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 a.m. Month, Day, Year													
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 2-15-60 to 2-23-60 and last saw him alive on 2-22-60 Death occurred at 10:30 a on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. H. Werner				(Degree or title) Mr. D.				22b. ADDRESS 1906 Erie St. Northampton				22c. DATE SIGNED 2-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-27-60		23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery				23d. LOCATION (City, town, or county) (State) Kansas City, Kansas					
24. FUNERAL DIRECTOR Simmons Funeral Home				ADDRESS 1404 S. 37th K.C. Kans.		25. DATE RECD. BY LOCAL REG. 2-25-60		26. REGISTRAR'S SIGNATURE Neva Minshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 1 1960

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 Donald N. Simmons

Licensed Embalmer No. 5084

P. O. Address K. C. K

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.