

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4160

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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) NORTH KANSAS CITY St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION JCT. #10 and 69 HIGHWAYS		d. STREET ADDRESS 2232 Duncan and WINNWOOD GARDENS RT. 13	
3. NAME OF DECEASED (Type or Print) LLOYD	a. (First)	b. (Middle) KEITH	c. (Last) ELLIS
4. DATE OF DEATH Feb. 5 1951	5. SEX MALE		6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED	8. DATE OF BIRTH NOV. 10, 1919		9. AGE (In years last birthday) 31
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER KANSAS FLOUR MILLS	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) VALLEY FALLS, KANSAS / U. S. A.	
13a. FATHER'S NAME ROSS ELLIS	13b. MOTHER'S MAIDEN NAME NOLA ALCOCK	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES W.W.II	16. SOCIAL SECURITY NO. 514-03-2336	17. INFORMANT'S SIGNATURE OR NAME ROSS ELLIS ST. JOSEPH, MISSOURI	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures, crushed body auto trauma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) auto trauma DUE TO (c) auto + truck II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  c 9/16/1 CO 20
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) 183 (COUNTY) (STATE) Kansas City Clay Missouri	
21d. TIME OF INJURY 2-5-51	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? hit truck head on.	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE O.S. Pate	(Degree or title)	23b. ADDRESS North Kansas City Mo.	23c. DATE SIGNED 2/15/51
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2-5-51	24c. NAME OF CEMETERY OR CREMATORY HAGG FUNERAL HOME	24d. LOCATION (City, town, or county) (State) VALLEY FALLS, KANSAS
DATE REC'D BY LOCAL REG. 2-5-51	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. W. NEWCOMER'S SONS NORTH KANSAS CITY	

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1962

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. 393  
working under my personal supervision.

Student John V. Dennis, Jr.  
Student Embalmer

Signed Glen H. Hill  
Licensed Embalmer No. 4586

P. O. Address Quindley, Mo.

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 this body is not embalmed, fact should be so stated above.