

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36825  
State File No. 4975

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )	c. LENGTH OF STAY (in this place) <u>15 days</u>	c. CITY OR TOWN <u>Cleveland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		STREET ADDRESS (If rural, give location) <u>0140</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jewell</u>	b. (Middle) <u>Edmund</u>	c. (Last) <u>Ellis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-15-55</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-23-86</u>	9. AGE (in years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>Cleveland, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Ellis</u>	13b. MOTHER'S MAIDEN NAME <u>Susan McDowell</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Ellis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Caldwell, Cleveland Mo</u>	ADDRESS <u>Cleveland Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>
	ANTECEDENT CAUSES DUE TO (b) <u>pelvic vein thromboses</u>		
	DUE TO (c) <u>ruptured bladder (post-traumatic)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>11-1-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Separation of symphysis pubis</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cleveland Cass Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 1 55 3p.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell from horse</u>
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22. I hereby certify that I attended the deceased from 11-1-1955, to 11-15-1955, that I last saw the deceased alive on 11-15-1955, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul W. Meyer</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4312 Nichols Parkway Kansas City Mo.</u>	23c. DATE SIGNED <u>11-16-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/16/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cleveland Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Cleveland Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-17-55</u>	REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Meyers, Cleveland Mo</u>	ADDRESS <u>Cleveland Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *John R. Sedima*  
Licensed Embalmer No. *453*  
P. O. Address *Kansas*

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.