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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20163

FILED JUN 18 1956

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 530

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Sedgwick	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WICHITA <u>81508</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b	d. STREET ADDRESS 2740 S.E. DRIVE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JAMES Middle PARVIN Last ELLIS			4. DATE OF DEATH Month JUNE Day 10 Year 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH AUG. 22, 1920	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOEING AIRCRAFT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BETHEL SPRINGS, TENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME W. C. ELLIS			14. MOTHER'S MAIDEN NAME JESSIE UMPHREY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES W.W.II		16. SOCIAL SECURITY NO. ?	17. INFORMANT Address JOHN H. ELLIS, OSCEOLA, ARK.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMIORRHAGE, DIFFUSE, TRAUMATIC		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Auto accident
20c. TIME OF INJURY Hour 8:45 a. m. Month, Day, Year 6-9-56	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 1 1/2 mi E. of Garland	COUNTY Webster Co, Mo	STATE
21. I attended the deceased from 6-9-56 to 6-10-56 and last saw her/him alive on 6-9-56 Death occurred at 7:40 am on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE John R. Sang M.D. (Degree or title)	22b. ADDRESS 609 Cherry Springfield, Mo.	22c. DATE SIGNED 6-11-56		

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/10/56	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, etc., or county) (State) Bethel Springs, Tenn.
24. FUNERAL DIRECTOR ADDRESS Herman H. Lohmeyer, Springfield		25. DATE RECD. BY LOCAL REG. 6-14-56	26. REGISTRAR'S SIGNATURE Edna Williamson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

JUN 2 1956

JUN 8 1956

JUN 2 1956

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.....
Levin A. Shad

Licensed Embalmer No. *100*

P. O. Address.....
Spring

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