Health, Welfare Public Service

300
1-56

FILED OCT 4 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31858

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4238

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City, — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2641 Forest, Conv. Home — Length of stay in 1b: 3 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City, — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2641 Forest — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Ellen Middle: M. Last: Fry

4. DATE OF DEATH Month Day Year: Sept 10 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH: June 3 1876

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): De-Kalb, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lon Ellington

14. MOTHER'S MAIDEN NAME: Amanda Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Frances Whittinghill Address: 2732 Holmes

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chr Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs
DUE TO (c): Senility — 10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): No

4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 June 1956, to Sept 10, 1957 and last saw her/him alive on Sept 10, 1957. Death occurred at 11:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. B. Caseboll MD

22b. ADDRESS: 4000 Baltimore Kansas City, Mo.

22c. DATE SIGNED: 9/11/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept 12 1957

23c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge

23d. LOCATION (City, town, or county) (State): Weston, Missouri

24. FUNERAL DIRECTOR ADDRESS: Mrs C.L.Forster Funeral Home Inc. Kas. City, Mo.

25. DATE RECD. BY LOCAL REG.: 9-11-57

26. REGISTRAR'S SIGNATURE: Reva Mindhall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature with Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON-TYPEWRITE IF POSSIBLE

M. B. Caseboll

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.