Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036748
STATE FILE NUMBER

NOV 14 195 Registration District No. 156 Primary Registration District No. 5572 Registrar's No. 243

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN Prairie (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 11206 BANNISTER RD. BANNISTER NURSING Home Length of stay in 1b 2 MONTHS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY PLATTE
c. CITY OR TOWN PARKVILLE 0830 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R.R. (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ARESTEEN Middle OCTAVIA Last ELLIS
4. DATE OF DEATH Month NOV. Day 5 Year 1958
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH SEPT. 22. 1874
9. AGE (In years last birthday) 84 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) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY - - -
11. BIRTHPLACE (City and state or country) ST. JOSEPH, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN W. FOWLER
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND ~~OR WIFE~~ JOHN W. ELLIS SR.
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. 495-05-6064A
17. INFORMANT JOHN W. ELLIS JR. Address 1326 ADMIRAL BLVD KANSAS CITY MISSOURI

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
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

All diseases in Part I must be causally related.

21. I attended the deceased from 1 Sept. '58, to 5 Nov. '58 and last saw her alive on 30 Oct '58
Death occurred at 4:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William R. Doherty, M.D. (Degree or title)
22b. ADDRESS 2108 W. 75th KC 15, Mo.
22c. DATE SIGNED 6 Nov. '58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT. 8-1958
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) BROOKFIELD (State) MISSOURI

24. FUNERAL DIRECTOR D.N. NEWCOMER'S SONS ADDRESS 832 ARMOUR ROAD NO. KANSAS CITY MO
25. DATE REC'D. BY LOCAL REG. 11/7/58
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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 Chester K. Brown

Licensed Embalmer No. 293

P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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