

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044080  
STATE FILE NUMBER  
5899

JAN 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Kansas</b><br>b. COUNTY <b>Johnson</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                 |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN<br><b>Lenexa,</b>                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Lakeside Hospital</b> |  | Length of stay in lb<br><b>1 week</b>   | d. STREET ADDRESS (If outside, give location)<br><b>Rural Route # 1</b> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Lettie</b> Middle <b>Mae</b> Last <b>Ebbing</b>      |  | 4. DATE OF DEATH<br>Month <b>Dec</b> Day <b>12</b> Year <b>1958</b>   |   |

|                         |                                  |   |   |  |                                |                                |
|-------------------------|----------------------------------|---|---|--|--------------------------------|--------------------------------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb. 5, 1888</b> | 9. AGE (In years last birthday)<br><b>70</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|-------------------------|----------------------------------|---|---|--|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At home</b> | 11. BIRTHPLACE (City and state or country)<br><b>Binkleman, Nebr.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b> |
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| 13a. FATHER'S NAME<br><b>John Edward Black</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Dora Hahn</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Ollie E. Ebbing</b> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT<br>Address<br><b>Mr. Ollie E. Ebbing, Lenexa, Kansas</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myocardial Insufficiency</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>11 days</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Chronic Interstitial Nephritis</b>   |  |
|  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>-92x</b> |  |

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| 20a. ACCIDENT <input 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.) |
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| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from <b>Dec 7 1958</b> to <b>Dec 12 58</b> and last saw her alive on <b>Dec 12 58</b><br>Death occurred <b>12</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| 22a. SIGNATURE<br><b>E. A. Fawks, Jr.</b> (Degree or title) | 22b. ADDRESS<br><b>Merriam Land</b> | 22c. DATE SIGNED<br><b>12-13-58</b> |
|---|-------------------------------------|-------------------------------------|

|   |                                   |   |   |
|---|-----------------------------------|---|---|
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Dec. 15, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Maple Hill</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Kansas</b> |
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| 24. FUNERAL DIRECTOR<br><b>E. Paul Amos, 10901 Johnson Dr. Shawnee, Kansas</b> | 25. DATE RECD. BY LOCAL REG.<br><b>12-13-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Neva Marshall</b> |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E. A. Fawks

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1-57 0



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 *Eugene P. Pinos* .....

Licensed Embalmer No. *5023* .....

P. O. Address, *Lawrence, 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.