

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008683

STATE FILE NUMBER

FILED APR 2 1959

Registration District No. 59

Primary Registration District No.

Registrar's No. 62

300
1-57

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEX Township		c. CITY OR TOWN La Tour 01900	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles E. of La Tour		d. STREET ADDRESS (If outside, give location) 3 miles East West	
Length of stay in lb 5 1/2 yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRY Middle Virgil Last ELLIS			4. DATE OF DEATH Month MARCH Day 21 Year 1959
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 2, 1889
9a. AGE (In years last birthday) 69		9b. UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Employee		10b. KIND OF BUSINESS OR INDUSTRY Immigration Dept	11. BIRTHPLACE (City and state or country) Norton, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William M. Ellis	
13b. MOTHER'S MAIDEN NAME MARY Hamm		14. NAME OF HUSBAND OR WIFE RUTH SALLEE ELLIS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or branch of service) Yes WWI		16. SOCIAL SECURITY NO. 495 48 7054	17. INFORMANT Address Mrs. Harry V. Ellis La Tour, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 4200 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Sudden 4 1/2 hrs.
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 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.)	
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from Death occurred at INDEX 1955 to MAR. 21, 1959 and last saw him alive on MAR. 1 - 1959 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. J. Gargus M.D.	
22b. ADDRESS Harrisonville Mo		22c. DATE SIGNED 23 MAR 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE 3/24/59	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH Cemetery	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
24. FUNERAL DIRECTOR ADDRESS Atkinson Ruby Harrisonville, Mo		25. DATE RECD. BY LOCAL REG. 3-26-59	
26. REGISTRAR'S SIGNATURE Mrs Roy Sebree			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

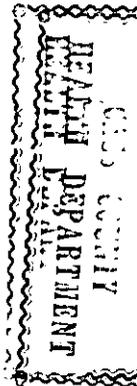
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be related. All diseases in Part I must be causally related.

APR 21 1959

MAR 16 1959

VS JUN 6 1961

VS MAR 10 1961



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 *Robert E. Johnson*

Licensed Embalmer No. 4402

P. O. Address *Sumner*

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.