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Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017692

STATE FILE NUMBER 2068

FILED MAY 21 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital — Length of stay in Ib 9 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Charitons
c. CITY OR TOWN Brunswick — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 642 Cliff Drive — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Kenneth Middle Elmer Last Ellington

4. DATE OF DEATH Month 4 Day 25 Year 59

5. SEX MALE
6. COLOR OR RACE negro
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 10-11-1943
9. AGE (In years last birthday) 15 yrs — 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) Child
10b. KIND OF BUSINESS OR INDUSTRY Child
11. BIRTHPLACE (City and state or country) Brunswick, Mo
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Marvin H. Ellington (deceased)
13b. MOTHER'S MAIDEN NAME Lowenia Olson [redacted]
14. NAME OF HUSBAND OR WIFE Child

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Child
16. SOCIAL SECURITY NO. Child
17. INFORMANT Mary Turner (Aunt) Address Dalton Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Insulin Shock
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 ☐ 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 4-25-59, to 4-25-59 and last saw him alive on 4-25-59
Death occurred at 10:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. D. Parman (Degree or title) M.D.
22b. ADDRESS 1710 Independence Ave
22c. DATE SIGNED 4-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 4/26/59
23c. NAME OF CEMETERY OR CREMATORY City
23d. LOCATION (City, town, or county) (State) Dalton, Mo.

24. FUNERAL DIRECTOR Green Funeral Home ADDRESS Marshall Mo.
25. DATE RECD. BY LOCAL REG. 4-25-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Do not enter mode of dying, such as heart failure, asphyxia, anemia, renal failure, etc. Avoid abbreviations in Part I. No symptoms will be listed.

R. D. Parman

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.