

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021328

alth,  
ellfare  
blic  
vice

FILED JUL 13 1959

Registration District No.

149

Primary Registration District No.

1002

STATE FILE NUMBER

3112

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Shawnee</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Topeka</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hosp.</b>		Length of stay in lb <b>8 HOURS</b>	d. STREET ADDRESS <b>2405 Seabrook</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Harry Ellerbush</b>			4. DATE OF DEATH Month Day Year <b>June 26, 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 22, 1881</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and state or country) <b>NEW MINDEN, ILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>HENRY ELLERBUSH</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH FRYE</b>		14. NAME OF HUSBAND OR WIFE <b>Genevieve Ellerbush</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>GENEVIEVE ELLERBUSH, Topeka, Kans.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma prostate</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs.</b>
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) <b>177X</b>					
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 <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	
21. I attended the deceased from <b>5-23-53</b> to <b>6-26-59</b> and last saw <sup>her</sup> him alive on <b>6-25-59</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Graham Owens M.D.</b>		22b. ADDRESS <b>906 Grand NC Mo</b>		22c. DATE SIGNED <b>6-26-59</b>	
23a. BURIAL, CREMATION REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>JUNE 26, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>HIGHLAND CEM</b>		23d. LOCATION (City, town, or county) (State) <b>JUNCTION CITY, KANSAS</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomers Sons Kansas City, No.</b>		25. DATE RECD. BY LOCAL REG. <b>6-26-59</b>	26. REGISTRAR'S SIGNATURE <b>new minshall</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Graham Owens

All diseases in Part I must be causally related.

JUN 18 1962

JUL 23 1959

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 *Norm Lawler* .....

Licensed Embalmer No. *4915* .....  
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.