

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-036152

FILED VS. NOV 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5133 STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 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 KANSAS CITY | | Length of stay in 1b 1 DAY | c. CITY OR TOWN GARDEN CITY MO. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Coburn Hudson Ellis | | | 4. DATE OF DEATH Month Day Year OCT 25, 1959 | | |
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| 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 APRIL 28 1904 | 9. AGE (last birthday) 55 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) GARDEN CITY MO. | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME FRANK B. ELLIS | 13b. MOTHER'S MAIDEN NAME ADDIE HUDSON | 14. NAME OF HUSBAND OR WIFE GLADYS ELLIS |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW1 | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT Address MRS. ^{Jack} KENNEDY, 202 Pleasant Streaton Ill. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull Fractured Rebat. Ruptured Aorta | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) Two car collision |
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| 20c. TIME OF INJURY Hour Month, Day, Year 10 24 59 | 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, or a bldg., etc.) 40 Highway Kegonsville | 20f. CITY, TOWN, OR LOCATION COUNTY STATE Washington D.C. NW |
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| 21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree or title) Richard Owens Carmar | 22b. ADDRESS 1034 Pratts Bldg | 22c. DATE SIGNED 10-26-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE OCT 26, 1959 | 23c. NAME OF CEMETERY OR CREMATORY GARDEN CITY CEM | 23d. LOCATION (City, town, or county) (State) Washington D.C. GARDEN CITY MO. |
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| 24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K. C. MO. | 25. DATE RECD. BY LOCAL REG. 10-26-59 | 26. REGISTRAR'S SIGNATURE Reva Minshall |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. Owens

JUN 27 1960

DEC 17 1959

JAN 13 1960

MAR 11 1960

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 Norman W. Larson

Licensed Embalmer No. 4889

P. O. Address St. C. N/O.

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.