URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006258

FILED VS MAR 11 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1248 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b: 8 WEEKS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY JOHNSON
c. CITY OR TOWN MISSION
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5740 SHERIDAN RD.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOHN Middle: CLINTON Last: ELLIS
4. DATE OF DEATH Month: MARCH Day: 1 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: CAUCASIAN
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: MAY 1895
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: INDUSTRIAL
11. BIRTHPLACE (City and state or country): HUNTINGTON CO. INDIANA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: WILLIAM IRVIN ELLIS
13b. MOTHER'S MAIDEN NAME: GERTIE HELMS
14. NAME OF HUSBAND OR WIFE: CATHERINE A. ELLIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 444-30-1991
17. INFORMANT: WARREN R. ELLIS Address: 5740 SHERIDAN RD. MISSION, KS.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Pancreas
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO~~ (b) Metastasis of Ca to liver and stomach
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4-5 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Anemia 20 gm%
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
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

BY AFFIDAVIT OF Frank B. Leitz

21. I attended the deceased from Nov 1956, to March 1 1960 and last saw ~~her~~ him alive on Mar 1 1960
Death occurred at 11 30 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Frank B. Leitz (Degree or title) M.D.
22b. ADDRESS 1530 Prof Bldg Kansas City Mo
22c. DATE SIGNED 3-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAR 4, 1960
23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cemetery
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: MUEHLEBACH ADDRESS: 6800 TROOST
25. DATE RECD. BY LOCAL REG.: 3-2-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Dr Leitz
Prop. Bldg
Hon 1-1331

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R. E. Nichols
Signature of Student Embalmer

Licensed Embalmer No. 499

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.