

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**  
**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-029967**

ENDED

Registration District No. 72 Primary Registration District No. 5292 Registrar's No. 135 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Platte Township</b>	Length of stay in 1b <b>**</b>	c. CITY OR TOWN <b>Pleasant Hill</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>6 Miles So. Smithville</b>		d. STREET ADDRESS <b>None</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Donald</b> Middle <b>Ray</b> Last <b>Ellifrits</b>			4. DATE OF DEATH Month <b>August</b> Day <b>31</b> Year <b>1960</b>		
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</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>7-30-36</b>	9. AGE (last birthday) <b>24</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Trucking Co.</b>	11. BIRTHPLACE (City and state or country) <b>Nevada, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Isaac N. Ellifrits</b>	13b. MOTHER'S MAIDEN NAME <b>Irene Pawley</b>	14. NAME OF HUSBAND OR WIFE <b>Emily F. Ellifrits</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>493-38-6026</b>	17. INFORMANT <b>Mrs. Emily Ellifrits</b>	Address <b>Pleasant Hill Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Head Injury</b>		
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Car Truck Collision</b>		
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

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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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.)
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

22a. SIGNATURE <i>D. J. Harte</i> (Degree or title) <b>U.S. Coroner</b>	22b. ADDRESS <b>North Kansas City Mo.</b>	22c. DATE SIGNED <b>9/1/60</b>
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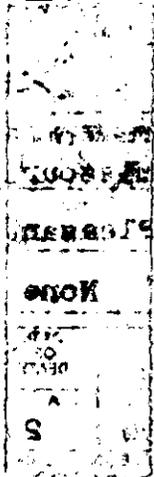
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9-1-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Nevada Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>
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24. FUNERAL DIRECTOR <b>Ferry Funeral Home Nevada, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-1-60</b>	26. REGISTRAR'S SIGNATURE <i>Marguerite Judgers</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



SEP 15 1960

VS MAR 31 1961

OCT 8 1960

SEP 30 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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Donald W. Hanks*

Licensed Embalmer No. 4528

P. O. Address Smithville, Va

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.