

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011610  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1679

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

<b>FILED APR 1 1963</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>97 yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Swope Ridge Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3430 Gillham Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Garrett</u> Middle <u>Ellison</u> Last <u>Ellison</u> <b>4. DATE OF DEATH</b> Month <u>March</u> Day <u>13</u> Year <u>1963</u>	<b>5. SEX</b> <u>Male</u> <b>6. COLOR OR RACE</b> <u>White</u> <b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>8. DATE OF BIRTH</b> <u>April 6, 1863</u> <b>9. AGE (last birthday)</b> <u>99</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Broker</u> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Real Estate</u> <b>11. BIRTHPLACE</b> (City and state or country) <u>Iowa</u> <b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>	<b>13a. FATHER'S NAME</b> <u>David Ellison</u> <b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Catherine Garrett</u> <b>14. NAME OF HUSBAND OR WIFE</b> <u>Viola M. Ellison</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <b>16. SOCIAL SECURITY NO.</b> <u>[REDACTED]</u> <b>17. INFORMANT</b> <u>William A. Douglas</u> Address <u>5624 Harvard Rextown, Missouri</u>	<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Failure</u> DUE TO (b) <u>arteriosclerotic heart disease.</u> DUE TO (c) _____ 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
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____ <b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ p.m.	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/> <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ <b>20f. CITY, TOWN, OR LOCATION</b> _____ COUNTY _____ STATE _____
<b>21. I attended the deceased from</b> <u>Jan 61</u> to <u>3-1-63</u> and last saw him alive on <u>3-1-63</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	<b>22. SIGNATURE</b> (Degree or title) <u>[Signature]</u> <b>22b. ADDRESS</b> <u>152 Union Station</u> <b>22c. DATE SIGNED</b> <u>3-14-63</u>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u> <b>23b. DATE</b> <u>3-16-63</u> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Washington</u> <b>23d. LOCATION</b> (City, town, or county) <u>Kansas City, Mo.</u> (State)	<b>24. FUNERAL DIRECTOR</b> <u>Stine &amp; McClure, Kansas City, Mo.</u> <b>25. DATE RECD. BY LOCAL REG.</b> <u>3-15-63</u> <b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

*Dr. W.H. Owen  
11:21 p.m. - Turner  
Lennon Station, Bell*

**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 *William M. Turner*

Licensed Embalmer No. *4648*

P. O. Address *Kansas City, 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.