

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1950

State File No. 27163
3637
Registrar's No.

BIRTH NO. 50029-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri

d. STREET ADDRESS (If rural, give location) 1217 Admira 1 2130

3. NAME OF DECEASED
a. (First) Violet b. (Middle) Ruth c. (Last) Jean Wellbaum

4. DATE OF DEATH (Month) (Day) (Year) 8 24 50

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (1)

8. DATE OF BIRTH 8/17-50

9. AGE (In years last birthday) IF UNDER 1 YEAR Months 7 IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Kansas City Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jessie W. Wellbaum

13b. MOTHER'S MAIDEN NAME Josephine Gibbet

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie W. Wellbaum K.C. Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

7 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1950, to 8-24, 1950, that I last saw the deceased alive on 8-24, 1950, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE MARSHALL L. MOONEY (Degree or title) Marshall Mooney M.D.

23b. ADDRESS 1420 Bryant Bldg. K.C. Mo.

23c. DATE SIGNED 8/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-25-50

24c. NAME OF CEMETERY OR CREMATORY Forest Hill

24d. LOCATION (City, town, or county) (State) Kansas City MO

DATE REC'D BY LOCAL REG. 8-25-50 REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.P. Louis Fun'l Home K.C. Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Not Embalmer

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.