S. No. 300
v. 10.48

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 643

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

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1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 31 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 4447 WORNALL ROAD

3698

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): A.
c. (Last): WELLMAN

4. DATE OF DEATH (Month) (Day) (Year): FEB. 8, 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 7
8. DATE OF BIRTH: August 26, 1877
9. AGE (In years last birthday): ~~73~~ 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Amity, Arkansas 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: John Stinnett
13b. MOTHER'S MAIDEN NAME: — Strawn
14. NAME OF HUSBAND OR WIFE: Tracy Wellman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): #
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Frank J. Woods — ADDRESS: 4447 Wornall Rd. Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Essential Hypertension
DUE TO (c): 331 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Renal arteriolosclerosis
Bilateral malunion fractures of forearms (old)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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* Oct., 1950, *to* 2-8, 19__, *that I last saw the deceased alive on* 2-8, 1951, *and that death occurred at* 2:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Mark Dodge M/D (Degree or title): Mark Dodge MD
23b. ADDRESS: Plaza Tower Bldg
23c. DATE SIGNED: 2/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 10, 1951
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 2-10-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons — ADDRESS: 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. 407, working under my personal supervision.

Student John B. Lewis Jr
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address KC, 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 this body is not embalmed, fact should be so stated above.