

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21789**
3086

FILED JUL 9-1953

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>About 38yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>1028 Tracy Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u>	b. (Middle)	c. (Last) <u>Wells</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 12 1953</u>
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5. SEX <u>2</u> <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 26, 1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Taxi Cab Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Consolidated Cab</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Joseph Wells</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia?</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Wells</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-14-2707</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Wells</u>	ADDRESS <u>1028 Tracy</u>
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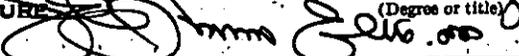
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio Vascular Disease.</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 5-30-53, 19 , to 6-12-53, 19 , that I last saw the deceased alive on 6-12-53, 19 , and that death occurred at 5:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE 	(Degree or title) <u>Reg. M.D.</u>	23b. ADDRESS <u>600 East 22nd Street</u>	23c. DATE SIGNED <u>6-15-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/17/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-17-53</u>	REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Sterling Bills</u>	ADDRESS <u>1212 vi</u>
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
E. Frank Ellis MD

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

Student Embalmer

Signed

E. Sterling Bell

Licensed Embalmer No. *23178*

P. O. Address *1212 ...*

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.