

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **41795**
Registrar's No. **5618**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5618		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY JACKSON		a. STATE KANSAS		b. COUNTY Johnson				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY)		c. LENGTH OF STAY (in this place) 2 Yrs		c. CITY OR TOWN Overland Park		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) 7428 Lamar				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) ROBERT		b. (Middle) EDWARD		c. (Last) WELLBORN		December 23, 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH January 5, 1920		
9. AGE (In years) 36		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) TEACHER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) BALDWIN, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN WELLBORN			13b. MOTHER'S MAIDEN NAME RUTH ULLOM			14. NAME OF HUSBAND OR WIFE DOROTHY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES			16. SOCIAL SECURITY NO. 496-05-1825			17. INFORMANT'S SIGNATURE OR NAME Official Records, VA Hospital, K.C., Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i></p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrocalcinosis				0800	
			ANTECEDENT CAUSES					
			<p><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i></p> <p>DUE TO (b) <u>Quadraplegia</u></p> <p>DUE TO (c) <u>Poliomyelitis, Rubor</u></p>					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) VA m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>December 19, 54, to Dec 23, 1956.</u> <u>At VA Hospital and at home</u> and that death occurred at <u>3:05P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE Robert E. Qualheim (Degree or title) M. D.				23b. ADDRESS VA Hospital, K.C., Mo.		23c. DATE SIGNED 12-23-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 26, 1956		24c. NAME OF CEMETERY OR CREMATORY Pleasanton		24d. LOCATION (City, town, or county) (State) Pleasanton Kansas		
DATE REC'D BY LOCAL REG. 12-26-56		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE J. Royce Hoge Cleveland Park Ks				

(Licensed Embalmer's Statement on Reverse Side)

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

FILED JAN 14 1957

U.S. 1101

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 *J. Royce Wozel*.....

Licensed Embalmer No. *3527*

P. O. Address *Colebrook Pa*

_ 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.