

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17419**  
**2291**

FILED JUN 5 1957

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) <u>Kansas Cit.</u>	c. LENGTH OF STAY (in this place) <u>28 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>5050 Oak</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mitchell</u>	b. (Middle) <u>Welling</u>	c. (Last) <u>Welling</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 15 57</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, UNMARRIED, DIVORCED (Specify)	8. DATE OF BIRTH <u>10-8-93</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OFFICE WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Phillips Petco. 28 yrs</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MARYVILLE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Fred Welling</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Bhagg</u>	14. NAME OF HUSBAND OR WIFE <u>Viola Welling</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>YES U.S. Army</u>	16. SOCIAL SECURITY NO. <u>442-07-5664</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS Viola Welling</u> ADDRESS <u>5050 OAK ST. KANSAS CITY, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		4201
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>Kansas City Jackson Mo.</u>
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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 Oct 15, 1947, to May 15, 1957 that I last saw the deceased alive on May 15, 1957, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard L. Lehner, M.D.</u>	23b. ADDRESS <u>1103 Grand Kansas City, Mo.</u>	23c. DATE SIGNED <u>5/16/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MAY 17, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK Hill CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MARYVILLE, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>5-17-57</u>	REGISTRAR'S SIGNATURE <u>neva mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWSOMERSON</u> ADDRESS <u>1731 BRUSH CREEK BLVD. K.C. MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Richard L. Lehner

Richard Lehner  
4207 West 53rd Ave

K.P.  
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**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.....  
*Rollie Kessel*

Licensed Embalmer No. *4690*

P. O. Address *K.P. 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.