

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59 0 46 4 76
 STATE FILE NUMBER

FILED VS. JAN - 4 1960 317

Registration District No. 500 Registrar's No. 3436

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Johnson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 5 Days		c. CITY OR TOWN PRAIRIE VILLAGE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2508 W. 76TH STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LLOYD Middle CECIL Last WELLER				4. DATE OF DEATH Month 12 Day 22 Year 59				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-5-93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER			10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) LEXINGTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME DANIEL E. RVIN WELLER			13b. MOTHER'S MAIDEN NAME DORA RICE			14. NAME OF HUSBAND OR WIFE MAUDE WELLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 486 05 4286		17. INFORMANT Address VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC DECOMPENSATION							INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PERICARDITIS							Undetermined	
DUE TO (c) NECROTIZING ESOPHAGITIS							Undetermined	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EMPHYSEMA					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 12-17-59 to 12-22-59 and XXXXXXXXXXXX Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Geo. B. Neukom</i> Geo. B. Neukom, Actg. Dir. Prof. Services				22b. ADDRESS M. D. VA HOSP. JEFFERSON BARRACKS, MO			22c. DATE SIGNED 12-22-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-23-59	23c. NAME OF CEMETERY OR CREMATORY LOCAL		23d. LOCATION (City, town, or county) (State) Kansas City Kansas			
24. FUNERAL DIRECTOR Fulton Funeral Home, Kansas City, Kansas.				25. DATE RECD. BY LOCAL REG. 12-23-59		26. REGISTRAR'S SIGNATURE <i>John G. Murphy M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~_____~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lawrence O. He

Licensed Embalmer No. 497

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.