JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 2 8 1960

60-010275

NDED

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 1526 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION T.W.A. N.E. Terminal Clay Co.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ohio
b. COUNTY ---
c. CITY OR TOWN Columbus
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 866 S. Roosevelt Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Ruth Middle: Joyce Last: WELLS

4. DATE OF DEATH Month: 3 Day: 13 Year: 60

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-25-1901

9. AGE (last birthday): 59

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Barron, Wisconsin

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Edward E. Joyce

13b. MOTHER'S MAIDEN NAME: Katie Sarah Wygant

14. NAME OF HUSBAND OR WIFE: Jackie Wells

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: Mrs. Robert Kennedy Address: 6008 Osborne K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure probable
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 ___ to ___ and last saw her/him alive on ___
Death occurred at ___ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. S. Pate M.D. Coroner

22b. ADDRESS North Kansas City Mo.

22c. DATE SIGNED 3/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-14-60

23c. NAME OF CEMETERY OR CREMATORY: —

23d. LOCATION (City, town, or county) (State): Columbus, Ohio

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar Funeral Home
ADDRESS: 1800 E. Linwood Blvd.

25. DATE RECD. BY LOCAL REG.: 3-14-60

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF O. S. Pate

VS APR 5 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Arthur Eugene Kho

Signature of Student Embalmer

Licensed Embalmer No. 4912

P. O. Address K.C. Mo.

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