

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

4231-60-030860 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4231

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Osteopathic Hospital 11th & Harrison		d. STREET ADDRESS (If outside, give location) 2340 Overton Avenue	

3. NAME OF DECEASED (Type or print) First Hubert Middle Joseph Last Wells	4. DATE OF DEATH Month August Day 15 Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married	8. DATE OF BIRTH 4/29/1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HR Hours 11 Min. 11
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Armco Steel Corp.	10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel Corp	11. BIRTHPLACE (City and state or country) New Orleans, La.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Silas Wells	13b. MOTHER'S MAIDEN NAME Mary Oviatt	14. NAME OF HUSBAND OR WIFE Allie L. Wells
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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) No	16. SOCIAL SECURITY NO. 487-03-8360	17. INFORMANT Independence, Mo. Mrs. Allie L. Wells, 2340 Overton Avenue
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery occlusion without infarction		INTERVAL BETWEEN ONSET AND DEATH Minutes Years Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary arteriosclerosis	
	DUE TO (c) Generalized arteriosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pylonephritis, prostate hypertrophy, C.V.A.		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.)
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20c. TIME OF INJURY Hour 5:45 P. Month, Day, Year November 25, 1958	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 Independence, Mo. COUNTY Missouri STATE Missouri
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21. I attended the deceased from **November 25, 1958 to Aug. 15, 1960** last saw him alive on **Aug. 15, 1960**
Death occurred at **5:45 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. Watkins, D.O. (Degree or title)	22b. ADDRESS 809 N. Lexington Independence, Mo.	22c. DATE SIGNED 8/16/60
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23a. BURIAL, CREMATIONS, REMOVAL (Specify) Cremation	23b. DATE Aug. 17, 1960	23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons Crematory	23d. LOCATION (City, town, or county) Kansas City Missouri
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24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 8-17-60	26. REGISTRAR'S SIGNATURE H. L. Sawyer
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DOCUMENT

Certified by M. Watkins, M.D. Medical Certification

BY AFFIDAVIT OF

DEC 30 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 _____
Signature of Student Embalmer

Signed Louis Quest

Licensed Embalmer No. 4096

P. O. Address K. C. Mo.

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