

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045132

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6263 STATE FILE NUMBER

AMENDED

FILED JAN 8 1962

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		d. STREET ADDRESS (If outside, give location) 10602 PALMER ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First EARL Middle N. Last WELLS	4. DATE OF DEATH Month DEC. Day 13 Year 1961
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-3-1890	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 0 Days 10	IF UNDER 24 HR Hours 10 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN	10b. KIND OF BUSINESS OR INDUSTRY K.C. COUNTRY CLB.	11. BIRTHPLACE (City and state or country) BELLEVILLE, KANS.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME OSCAR WELLS	13b. MOTHER'S MAIDEN NAME ANNA SIMONS	14. NAME OF HUSBAND OR WIFE HAZEL 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	17. INFORMANT MRS. HAZEL WELLS Address 10602 PALMER ST. KANSAS CITY, MO.
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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) Cerebral Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	
DUE TO (c)	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ 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 _____
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **3:50** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph A. Owens Coroner	22b. ADDRESS 157 Mutual Station	22c. DATE SIGNED 12-13-61
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23a. NAME OF CEMETERY OR CREMATORY REMOVAL	23b. DATE DEC. 13, 1961	23c. NAME OF CEMETERY OR CREMATORY BELLEVILLE CEMETERY	23d. LOCATION (City, town, or County) (State) BELLEVILLE, KANSAS
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24. FUNERAL DIRECTOR D.W. Newcomer	ADDRESS 1331 Brush Creek Blvd. Sons, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 12-13-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

H. OWENS

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Norman W. Pearson

Licensed Embalmer No. 4889

P. O. Address Salisbury, Md.

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.