

FILED JUL 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22714

3154

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 6 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		h, 56	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1324 PROSPECT				d. STREET ADDRESS (If rural, give location) 1324 PROSPECT			
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW		b. (Middle) HAROLD		c. (Last) WELLS		4. DATE OF DEATH (Month) (Day) (Year) 7-20-1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/20/1889	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE		11. BIRTHPLACE (State or foreign country) DEKALB Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME ANDREW J. WELLS		13b. MOTHER'S MAIDEN NAME NETTIE ANN HAMPTON		14. NAME OF HUSBAND OR WIFE LIDA SUSAN WELLS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-16-8357		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lida Wells, 1324 Prospect			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA LOBAR Upper 6 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 490X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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?			
22. I hereby certify that I attended the deceased from 7-16, 1950 to 7-20, 1950 that I last saw the deceased alive on 7-20, 1950 and that death occurred at 4:40, from the causes and on the date stated above.							
23a. SIGNATURE J. Paul Flick (Degree or title) M.D.				23b. ADDRESS 800 Prof. Bldg		23c. DATE SIGNED 7-20-50	
24a. BURIAL CREMA-TION (REMOVAL) (Specify) BURIAL		24b. DATE 7/22/50	24c. NAME OF CEMETERY OR CREMATORY 1,0.0.F. Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. 7-20-50		REGISTRAR'S SIGNATURE Geraldine Holman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rollins - Dash, Edgerton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

personally

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Virian R. Paul

Licensed Embalmer No. _____

3947

P. O. Address _____

Edgerton, 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 this body is not embalmed, fact should be so stated above.