

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25240**
3472

FILED JUL 28 1953

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 CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 30 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 4000 East 52nd. St. Terr. North 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Emmett	b. (Middle) LEROY	c. (Last) Wells	4. DATE OF DEATH (Month) (Day) (Year) July 10, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 14, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IRON WORKER		10b. KIND OF BUSINESS OR INDUSTRY JONES HETTELWATER CONSTRUCTION COMPANY	11. BIRTHPLACE (City and State or Foreign Country) Pollock Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JACOB T. WELLS	13b. MOTHER'S MAIDEN NAME MARGARET	14. NAME OF HUSBAND OR WIFE MRS. EDITH 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. 487-01-1054	17. INFORMANT'S SIGNATURE OR NAME MRS. EDITH WELLS	ADDRESS 4000 E. 52ND NORTH KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6/29/52
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas	ANTECEDENT CAUSES Metastases in liver		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (c)	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		157X

19a. DATE OF OPERATION 7/15/52	19b. MAJOR FINDINGS OF OPERATION Carcinoma Pancreas	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **6/20, 1952** to **7/10, 1953** that I last saw the deceased alive on **6/19, 1953** and that death occurred at **12:05A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Lyle G. Williams	(Degree or title)	23b. ADDRESS 1515 Poplar St	23c. DATE SIGNED 7/10/53
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE July 13, 1953	24c. NAME OF CEMETERY OR CREMATORY Pollock Cemetery	24d. LOCATION (City, town, or county) (State) Pollock Missouri
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DATE REC'D BY LOCAL REG. 7-11-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons	ADDRESS 1331-BRUSH CREEK KANSAS CITY, MO.
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward M. Stone*.....

Licensed Embalmer No. *442*.....

P. O. Address *K.C. 1102*.....

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.