

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32068**
4654
Registrar's No. _____

FILED OCT 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>5 MONTHS</u>		c. CITY OR TOWN <u>BUCKNER</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>301 NORTH GLADSTONE</u>				e. STREET ADDRESS (If rural, give location) <u>7000</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENIA</u> b. (Middle) <u>MARIE</u> c. (Last) <u>WELLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 26 1953</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 16, 1880</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>CANADA</u>	
13a. FATHER'S NAME <u>PETER Guilloux</u>			13b. MOTHER'S MAIDEN NAME <u>LOUISE MALLOT</u>			14. NAME OF HUSBAND OR WIFE <u>BEVERLY WELLS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H. H. HUNTER</u> ADDRESS <u>301 N. GLADSTONE, K.C.Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of cancer</u> ANTECEDENT CAUSES <u>Cancer</u> Morbidity 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 <u>1 yr</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>					<u>1 yr</u>
19a. DATE OF OPERATION <u>Nov 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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) <u>NO</u>		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 <u>Sept 1</u> , 19 <u>53</u> , to <u>Sept 26</u> , 19 <u>53</u> that I last saw the deceased alive on <u>Sept 26</u> , 1953 and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. B. Casbolt</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>4000 Baltimore</u>		23c. DATE SIGNED <u>9/26/53</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>9-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BUCKNER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BUCKNER MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-27-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Newcomer</u> ADDRESS <u>One Kansas City Mo.</u>			

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 *Robert C. Morrow*.....

Licensed Embalmer No. *484*
P. O. Address *R. C. Morrow*.....

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.