

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 11 1955

State File No. 28688

BIRTH NO.		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 6058	Registrar's No. 174
1. PLACE OF DEATH a. COUNTY St. Charles		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) ST. Charles		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 3908
d. FULL NAME OF HOSPITAL OR INSTITUTION Walter Spinks Farm.		d. STREET ADDRESS (If rural, give location) 7109 Wayne Street.		
3. NAME OF DECEASED (Type or Print) RUTH		a. (First) R.	b. (Middle) WELLS	c. (Last) WELLS
4. DATE OF DEATH (Month) (Day) (Year) AUG, 15 54		5. SEX FEMALE		6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH NOT KNOWN		9. AGE (In years last birthday) 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOT KNOWN		10b. KIND OF BUSINESS OR INDUSTRY NOT KNOWN		11. BIRTHPLACE (City and State or Foreign Country) NOT KNOWN
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME CHARLES ROBISON		13b. MOTHER'S MAIDEN NAME First not known KYGER
14. NAME OF HUSBAND OR WIFE FIELDING WELLS		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. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME EMMA TANKSLEY		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CAUSE OF DEATH IS UNKNOWN DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		19. INTERVAL BETWEEN ONSET AND DEATH 7109 Wayne St
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) NOT KNOWN		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. CHARLES ST. CHARLES
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) AUG, 18-1954 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NOT KNOWN
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 10:45 a.m., from the causes and on the date stated above. HELD INQUEST ON AUG 19, 1954				
23a. SIGNATURE Marie Murchany Brown		23b. ADDRESS WENTZVILLE MO		23c. DATE SIGNED 4-6-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 19, 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) St Charles County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hallenbeck		ADDRESS St. Charles, Mo.
DATE REC'D BY LOCAL REG. April 7 1955		REGISTRAR'S SIGNATURE Francis H. Hunsicker		25. FUNERAL DIRECTOR'S SIGNATURE C. Hallenbeck

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

APR 7 1961

Body was not embalmed  
Frank R. Amalony  
#4832

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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.