

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30907

State File No. ....

4138

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 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 town(ship)) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>38 YEARS</u>	c. CITY-OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4029 HOLMES STREET</u>		e. STREET ADDRESS (If rural, give location) <u>4029 HOLMES STREET</u> <u>3658</u>	
3. NAME OF DECEASED a. (First) <u>WALTER</u> b. (Middle) <u>ARCHER</u> c. (Last) <u>WELLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG - 27 1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 30 1892</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during the last of working life, or if retired) <u>DISTRICT SALES MANAGER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRICAL APPLIANCE COMPANY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LAVONIA NEW YORK</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>JEFFERSON WELLS</u>	13b. MOTHER'S MAIDEN NAME <u>GRACIA STEPHENS</u>	14. NAME OF HUSBAND-OR WIFE <u>MRS. JUANITA FIELD WELLS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>047-03-2466</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JUANITA FIELD WELLS</u>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	
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 <u>May 1954</u> to <u>August 27, 1954</u> , that I last saw the deceased alive on <u>Aug. 17, 1954</u> , and that death occurred at <u>10:30 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. L. Douglas</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>6305 Brookside Plaza Kansas City, MO.</u>	
23c. DATE SIGNED <u>Aug. 27, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	
24b. DATE <u>AUG 29 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B.H. Newcomer's Sons</u>	
DATE REC'D BY LOCAL REG. <u>8-28-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>B.H. Newcomer's Sons</u>		ADDRESS <u>1331 BROWN CREEK KANSAS CITY, MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
H. L. Douglas MD

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 *Richard L. Proye*.....

Licensed Embalmer No. *49*.....

P. O. Address *K.C. 70*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.