

No. 300  
10. 48

FILED JUN 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19110**

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

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>4240</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Springs</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>135 &amp; Mission Rd.</u>		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 <u>Lucille Hollinger Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>			b. (Middle)			c. (Last) <u>Wells</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5 7 55</u>		5. SEX <u>fe</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>1-24-1860</u>		9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></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>8145 State Line Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Samuel L. Poteet</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Majors</u>		14. NAME OF HUSBAND OR WIFE <u>Joel 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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mary Sharp 135 &amp; Mission Rd.</u>			
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) <u>Bronchopneumonia</u>  ANTECEDENT CAUSES <u>due bronchitis</u> DUE TO (b) <u>500X</u> DUE TO (c) <u>Senility</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>34</u> <u>5-7 days</u>
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>5-1-55</u> to <u>5-7-55</u> , that I last saw the deceased alive on <u>5-6-55</u> and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Stan Julekowsky</u>				23b. ADDRESS <u>1601 Belmont</u>		23c. DATE SIGNED <u>5/9/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-9-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belton Mo Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Belton Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-9-1955</u>		REGISTRAR'S SIGNATURE <u>M. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Warnick-Custer</u>		ADDRESS <u>Kansas City Kansas</u>	

(Licensed Embalmer's Statement on Reverse Side)

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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 *M. M. Swisher*

Licensed Embalmer No. *390*

P. O. Address *Hebron*

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.