

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 7-1956

State File No. **38306**
Registrar's No. **4959**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>4959</u>			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) - a. STATE KANSAS b. COUNTY WYANDOTTE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 14 days.		c. CITY OR TOWN KANSAS CITY		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 (If not in hospital or institution, give street address or location) 6708 Chestnut				* STREET ADDRESS (If rural, give location) 2013 Central Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) NELLIE			b. (Middle) ELIZABETH		c. (Last) WELLS		4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1956		
5. SEX female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH March 21, 1914		9. AGE (In years last birthday) Months Days Hours Min. 42	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk			10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles H. Roberts			13b. MOTHER'S MAIDEN NAME Nellie Marford			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 514-18-0018		17. INFORMANT'S SIGNATURE OR NAME Mrs. Marion Castle (dau.)			ADDRESS 507 S. 78 K.C.K		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
* 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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				Instant.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				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) (m.)		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>8.17.55</u> , 19 <u>55</u> , to <u>11.14.56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11.12.56</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE D. E. Schulte, MD				23b. ADDRESS 940 Central Ave. K.C.K			23c. DATE SIGNED 11/14/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11/15/56		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
DATE REC'D BY LOCAL REG. 11-16-56		REGISTRAR'S SIGNATURE Nevar Marshall			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOS. A. BUTLER'S SONS K.C.K				

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

No. 300
10.48

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.....
Russell W. Dennis

Licensed Embalmer No. *3462*

P. O. Address *Kansas City*

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.