

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018596
STATE FILE NUMBER
2496

FILED JUN 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD		d. STREET ADDRESS 2807 OLIVE STREET	

3. NAME OF DECEASED (Type or print) First MELLE Middle ANN Last WELLS			4. DATE OF DEATH Month MAY Day 16 Year 1958		
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 1, 1899	9. AGE (In years last birthday) 59 yrs.	10. IF UNDER 1 YEAR Months 5 Days 16 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Parkdale, Arkansas	
13. FATHER'S NAME Milt McHenry			14. MOTHER'S MAIDEN NAME Agnes Jones		

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. None	17. INFORMANT Leroy Wells 2807 Olive Son
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Toxemia Cellulitis of Abdominal Wall Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Retraction of Colostomy For DUE TO (c) Large Bowel Obstruction		INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE CONDITION GIVEN IN PART I. Severe Myocardial Disease		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 51022	
20c. TIME OF INJURY Hour 10:30 Month 5 Day 14 Year 58 a. m. A.M. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Brooklyn		COUNTY Brooklyn

21. I attended the deceased from 5-5-58 to 5-14-58 and last saw her him alive on 5-14-58 Death occurred at 10:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Carl M. Peterson MD (Degree or title)	22b. ADDRESS 2462 A Brooklyn	22c. DATE SIGNED 5/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 17, 1958	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) (State) Kans. City, Missouri
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton	25. DATE RECD. BY LOCAL REG. 5-16-58	26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
000-1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Carl M. Peterson



1188

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... *Dwight L. Whitman*

Licensed Embalmer No. 40

P. O. Address 18th & B...

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.