

Health, Welfare & Public Service

300 -57 U

Jean B. Willoughby USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION All diseases in Part I must be causally related.

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005961  
STATE FILE NUMBER 843

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		Length of stay in lb <b>Life</b>	d. STREET ADDRESS (If outside, give location) <b>101 W. 69th St.</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>JOHN</b>	Middle <b>W.</b>	Last <b>WELLS</b>	4. DATE OF DEATH	Month <b>February</b>	Day <b>12</b>	Year <b>1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 10, 1905</b>	9. AGE (In years) <b>53</b> (birthday)	IF UNDER 1 YEAR Months <b>53</b> Days <b>53</b> Hours <b>53</b> Min.	IF UNDER 24 HRS. Hours <b>53</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>	10. KIND OF BUSINESS OR INDUSTRY <b>KEITH WARE STUDEBAKER PACKARD MOTOR CAR</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William D. Wells</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Castles</b>	14. NAME OF HUSBAND OR WIFE <b>Ruth Wells</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-09-6390</b>	17. INFORMANT <b>Mrs. Ruth Wells, 101 W. 69th St., K.C. Mo.</b>	Address
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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) <b>Carcinoma of heart (secondary)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carcinoma of lung</b>	<b>16:4</b>
	DUE TO (c) <b>also diabetes mellitus</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary artery disease - old myocardial infarction</b>		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour <b>8:25 A.</b> Month <b>Feb</b> , Day <b>12</b> , Year <b>1959</b> a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>Kansas City</b>	COUNTY <b>Missouri</b>	STATE
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21. I attended the deceased from Death occurred at <b>8:25 A. 1954</b> to <b>12 Feb 59</b> and last saw him alive on <b>11 Feb 59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Jean B Willoughby M.H.</b> (Degree or title)	c. ADDRESS <b>5905 main KC 13 Mo</b>	22c. DATE SIGNED <b>12 Feb 59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 13, '59</b>	23c. NAME OF CEMETERY <b>Forest Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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24. FUNERAL DIRECTOR <b>D.W. Newcomer's Sons, K.C., Missouri</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-13-59</b>	26. REGISTRAR'S SIGNATURE <b>Neve Marshall</b>
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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 *[Handwritten Signature]* ..... Licensed Embalmer No. *4421* ..... 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.