THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009737

STATE FILE NUMBER

1496

FILED APR 8 1959

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Length of stay in Ib 14 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4014 E 12th St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First THOMAS Middle JEFFERSON Last WELLS
4. DATE OF DEATH: Month March Day 20 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: October 7 1883 ~~March 20 1895~~
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Flagman
10b. KIND OF BUSINESS OR INDUSTRY: K C Southern RR
11. BIRTHPLACE (City and state or country): Walcott Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Frances J Wells
13b. MOTHER'S MAIDEN NAME: Melvina J Wilson
14. NAME OF HUSBAND OR WIFE: Zella Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 511-14-4963
17. INFORMANT: Mrs Zella Wells Address: Kansas City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Terminal Pneumonia — 2 days
DUE TO (c) Multiple Sclerosis Chronic — 5 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 345 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1947, to 3-21-59 and last saw ~~her~~ him alive on 3/20/59
Death occurred ~~at General Hospital~~ - 11:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James W Downey (Degree or title) M.D.
22b. ADDRESS 425 E 63rd K.C. Mo
22c. DATE SIGNED 3-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: March 23 1959
23c. NAME OF CEMETERY OR CREMATORY: Griffith Cemetery
23d. LOCATION (City, town, or county) (State): Bethel Kansas

24. FUNERAL DIRECTOR ADDRESS: Sheil Funeral Home Kansas City Mo
25. DATE RECD. BY LOCAL REG. 3-22-59
26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James W. Downey

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address K.C. Mo.

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