Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-018170

STATE FILE NUMBER

FILED JUN 4 1959

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Carthage — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1069 S: Garrison — Length of stay in Hospital 15 mos

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carthage — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1069 S. Garrison — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First GRAHAM Middle ORMOND Last WELLMAN, M.D.

4. DATE OF DEATH Month May Day 28 Year 1959

5. SEX male

6. COLOR OR RACE white

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH Nov 14, 1882

9. AGE (In years last birthday) 76 — 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) pyhsician & surgeon

10b. KIND OF BUSINESS OR INDUSTRY retired

11. BIRTHPLACE (City and state or country) Huron, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Rev. Edward Wellman

13b. MOTHER'S MAIDEN NAME Sarah Graham

14. NAME OF HUSBAND OR WIFE Florence Wellman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 048-16-3975

17. INFORMANT Mrs. G.O. Wellman, Address Carthage, Mo 1069 Garrison

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) Tachy-Cardia — INTERVAL BETWEEN ONSET AND DEATH 3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Uremic Poisoning — 14 day
DUE TO (c) Carcinoma of bladder — 4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephrostomy 1810

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Dec 10 '58 to May 28 '59 and last saw him alive on May 27, 59
Death occurred at 2:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert B. Wheeler D.O.

22b. ADDRESS 1069 Garrison, Carthage, Mo

22c. DATE SIGNED 5-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify) cremation

23b. DATE 6-1-59

23c. NAME OF CEMETERY OR CREMATORY Newcomers Crematory

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR KNELL MORTUARY ADDRESS CARTHAGE, MO

25. DATE RECD. BY LOCAL REG. 5-30-59

26. REGISTRAR'S SIGNATURE Elf Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUN 5 1959

JUN 9 1959

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

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.