RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1959

59–032644
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4620

DED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 10 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3545 Elmwood — Inside Limits: Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3545 Elmwood — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Della Middle: May Last: Welborn
4. DATE OF DEATH: Month: Sept Day: 21 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 4, 1913
9. AGE (last birthday): 46 — IF UNDER 1 YEAR OR UNDER 24 HR: Months | Days | Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Oneida, New York
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Orin Wilgus
13b. MOTHER'S MAIDEN NAME: Emma Gray
14. NAME OF HUSBAND OR WIFE: Sam Welborn
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.: 079-09-0769
17. INFORMANT: Sam Welborn, Address: K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Intoxication	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastatic chondrosarcoma	Oct 58
DUE TO (c)	Chondrosarcoma, scapula	Sept 57

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 3 Nov 58, to 18 April 59 and last saw her/him alive on 18 April 59
Death occurred at 8:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leonard F. Peltier (Degree or title) MD
22b. ADDRESS: Univ. Kansas Medical Center
22c. DATE SIGNED: 21 Sept 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-23-59
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.
24. FUNERAL DIRECTOR: Sidmon Mortuary, ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 9-22-59
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Leonard F. Peltier

MEDICAL CERTIFICATION

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Bi

Licensed Embalmer No. 45

P. O. Address Kansas

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