

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12429**
Registrar's No. **175**

Registration District No. **47** Primary Registration District No. **3008**

1. PLACE OF DEATH:
(a) County **Calloway**
(b) City or town **Trenton**
(c) Name of hospital or institution: **State Hospital No. 1**
(d) Length of stay: **In hospital or institution 4 1/2 m today**
In this community **same**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Dent 14**
(c) City or town **Trenton**
(d) Street No. **2**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **WILLIAM RILEY WELLS**
3. (b) If veteran, name war. **no** 3. (c) Social Security No. **no**
4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **deceased**
6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **March 9 1861**

20. DATE OF DEATH: Month **April** day **28** year **1949** hour **11** minute **25** A.M.
21. I hereby certify that I attended the deceased from **April 28** to **April 28** 19**49**
that I last saw him alive on **April 28** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **g20**
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years **85** Months **1** Days **19**
9. Birthplace **Dent Co Mo**
10. Usual occupation **Farmer**
11. Industry or business _____
12. Name **Thomas Wells**
13. Birthplace **Ky**
14. Maiden name **Mary Janters**
15. Birthplace **Tenn**
16. (a) Informant **Records State Hospital No. 1**
(b) Address **Trenton Mo**
17. (a) **Removal** (b) Date thereof **5-1-46**
(c) Place: burial or cremation **Salem Mo**
18. (a) Signature of funeral director **Wallace Funeral Home**
(b) Address **Trenton Mo**
19. (a) **5-1-1946** (b) **Josie Morsink**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury **3**
Signature **R. R. Wells** (M. D. or other) _____
Address **Trenton Mo** Date **4/28/49**

14
1
2
11333
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-8-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Denzil C. Browning
Licensed Embalmer No. 2724
P. O. Address Fulton 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 this body is not embalmed, fact should be so stated above.