

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5603

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Wylie</u> b. (Middle) <u>W.</u> c. (Last) <u>Wells</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-6-49</u>	
8. DATE OF BIRTH <u>II-22-1863</u>		9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Carso Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H H H H H H H</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John C. Wells</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Horn</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased Margrette Uptegrove Wells</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles A. Wells</u>		ADDRESS <u>Bowling Green MO</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the direct injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 Hours</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>				<u>15 years</u>			
DUE TO (c) <u>chronic arterio sclerosis</u>				<u>20 years</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H201</u>				19a. DATE OF OPERATION _____			
19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
21e. NAME OF INJURY (Month) (Day) (Year) (Hour) _____		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Feb 7 6, 1949</u> to <u>Feb 7 6 1949</u> , that I last saw the deceased alive on <u>Feb 7 6, 1949</u> , and that death occurred at <u>1:35 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. W. Hopkins</u>				23b. ADDRESS <u>Montgomery City Mo</u>		23c. DATE SIGNED <u>2-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/9/49</u>		REGISTRAR'S SIGNATURE <u>Bernice Wyatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Hopkins</u>		ADDRESS <u>Montgomery City Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 28 1949

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 ~~not~~ on the
..... day of Feb 1949

working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed

C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.