

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25730

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 15-3-

1. PLACE OF DEATH  
a. COUNTY Saline  
b. CITY OR TOWN Marshall  
c. LENGTH OF STAY (in this place) 8 hrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri  
b. COUNTY Saline  
c. CITY OR TOWN Rural Salt Fork Township  
d. STREET ADDRESS Napton, Mo., R 1, Box 16 0910

3. NAME OF DECEASED  
a. (First) Louise  
b. (Middle) Elizebath  
c. (Last) Wells

4. DATE OF DEATH (Month) (Day) (Year)  
August 7th, 50

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH June 14th, 1893

9. AGE (In years last birthday) 52  
10 UNDER 1 YEAR 1  
1 YEAR 25  
10 UNDER 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper

10b. KIND OF BUSINESS OR INDUSTRY Housekeeping

11. BIRTHPLACE (State or foreign country) Boonville, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Bently

13b. MOTHER'S MAIDEN NAME Laura Estes

14. NAME OF HUSBAND OR WIFE Wellington, Wells Husband

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME 16 ADDRESS Wellington Wells, R2 Box, Marshall, Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Apoplexy (Cerebral Hemorrhage)  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio-Vascular DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 36 hrs  
334X

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1950, to Aug 7, 1950, that I last saw the deceased alive on Aug 7, 1950, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm Kennedy, M.D.

23b. ADDRESS Marshall, Mo.

23c. DATE SIGNED 8-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8/11, 1950

24c. NAME OF CEMETERY OR CREMATORY Nelson, Mo. Cemetery

24d. LOCATION (City, town, or county) Nelson, Mo. (State)

DATE REC'D BY LOCAL REG. Aug 10-1950

REGISTRAR'S SIGNATURE Sidney J. Gray 385

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. H. Bond, Marshall, Mo.

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

RECEIVED  
DISTRICT HEALTH OFFICE No.  
District File Number  
Date Filed 8-14-52

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 \_\_\_\_\_  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Geo. H. Green*

Licensed Embalmer No. 4240  
P. O. Address *Shawnee*

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.