

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 121

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Mt Pleasant		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Mt. Pleasant	
c. LENGTH OF STAY (In this place) Life		0070 13	
d. FULL NAME OF HOSPITAL OR INSTITUTION. Rt. 1 Butler, Mo.		d. STREET ADDRESS (If rural, give location) Rt. 1 Butler	

3. NAME OF DECEASED (Type or Print) Harley H. Wells			4. DATE OF DEATH (Month) (Day) (Year) 1-29-1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-29-1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Days 1	IF UNDER 10 HRS. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry H. Wells		13b. MOTHER'S MAIDEN NAME Anna Mathenia		14. NAME OF HUSBAND OR WIFE Grace Wells	
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. 3		17. INFORMANT'S SIGNATURE OR NAME Grace Wells ADDRESS Rt. 1 Butler, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension 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 1 minute 4201
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 1930, to Jan. 29, 1951, that I last saw the deceased alive on Dec. 10, 1950 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. D. Zetterman, M.D.		23b. ADDRESS Butler, Mo.		23c. DATE SIGNED 1-29-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-3-51		24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	
				24d. LOCATION (City, town, or county) (State) Butler, Mo.	

DATE REC'D BY LOCAL REG. Jan. 31-51		REGISTRAR'S SIGNATURE Nendall Perry		25. FUNERAL DIRECTOR'S SIGNATURE John D. Underwood ADDRESS Butler, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED

2-6-51
+29

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-6-51

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.