

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4255

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 24

0273 1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RUTA - Arrow Rock</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 miles North of Nelson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bruce</u> b. (Middle) <u>Hughes</u> c. (Last) <u>Wells</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 14, 1876</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR <u>#</u> Months <u>#</u> Days <u>#</u>	IF UNDER 1 HRS. <u>#</u> Hours <u>#</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James M. Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Alice A. Rector</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Harold Wells</u>		ADDRESS <u>Arrow Rock, 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 disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerotic Cardiovascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> <u>unknown</u> <u>443x</u> <u>3 days</u>			
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) (Min.) _____		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 <u>Mar 18, 1951</u> to <u>March 3, 1951</u> , that I last saw the deceased alive on <u>March 3, 1951</u> , and that death occurred at <u>5:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Boonville Mo</u>	
23c. DATE SIGNED <u>3-3-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 6, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lamine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cooper County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-5-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 381	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Campbell-Lewis Marshall, Mo.</u>	

RECEIVED

3-10-51

MAR 30 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-10-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.