

FILED JUL 23 1951

STANDARD CERTIFICATE OF DEATH

44 State File No. 24027

BIRTH NO. _____		REG. DIST. NO. 277		PRIMARY REG. DIST. NO. 5979		Registrar's No. 13	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE MO b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green		d. STREET ADDRESS (If rural, give location) 0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME							
3. NAME OF DECEASED (Type or Print) MOSES		a. (First)		b. (Middle)		c. (Last) WELLS	
4. DATE OF DEATH June 29 1951		(Month) (Day) (Year)					
5. SEX male		6. COLOR OR RACE colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH May 8 1860	
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months 1 Days 16		IF UNDER 1 HOUR Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Pike Co. Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Wells		13b. MOTHER'S MAIDEN NAME Don't Know		14. NAME OF HUSBAND OR WIFE Oliver Wells			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ella Harrison Bowling ADDRESS Bowling Green			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency				INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Chronic Endocarditis yes	
		DUE TO (c) Arterio Sclerosis				yes	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1834 to 6-23, 1951 , that I last saw the deceased alive on 6-22, 1951 and that death occurred at 8 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE J. M. Matthews (Degree or title) no.				23b. ADDRESS Bowling Green		23c. DATE SIGNED 6-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 25-51		24c. NAME OF CEMETERY OR CREMATORY Bowling Green		24d. LOCATION (City, town, or county) (State) Bowling Green Mo	
DATE REC'D BY LOCAL REG. 7/2/51		REGISTRAR'S SIGNATURE Bill Robinson 254		FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead		ADDRESS Bowling Green	

(Licensed Embalmer's Statement on Reverse Side)

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

870

970

Date Received: JUL 16 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-1285
Date Filed: JUL 16 1951

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 Harold C. Kinke

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.