No. 300
10-48

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

FILED SEP 6 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28715

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Mc Donald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): White Rock Township
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Mc Donald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rhite Rock Township 0600
d. STREET ADDRESS (If rural, give location): Jane Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Isac
c. (Last): Wellesley

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: March 27, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain
11. BIRTHPLACE (State or foreign country): Colon Mich. /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edwin Wellesley
13b. MOTHER'S MAIDEN NAME: Lydia Haphier
14. NAME OF HUSBAND OR WIFE: Elizebeth Wellesley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: E.P. Wellesley Jane, Mo. R 1

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chr. Nephritis (Interstitial) — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 7 yr
DUE TO (c): Paralysis both legs — 6 yr

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: 352 X
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) m.
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* 12/18, 1950, *to* 7/27, 1952, *that I last saw the deceased alive on* 7/27, 1952, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sir Bessel D.O.
23b. ADDRESS: Pineville Mo
23c. DATE SIGNED: 7/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/30/52
24c. NAME OF CEMETERY OR CREMATORY: Simsbury Cemetery
24d. LOCATION (City, town, or county) (State): Jane, Mo. R 1

DATE REC'D BY LOCAL REG.: 8-29-52
REGISTRAR'S SIGNATURE: Mayme Hemphill 423-1
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Miller Funeral Home Pea Ridge, Ark

(Licensed Embalmer's Statement on Reverse Side)

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 A. D. Callison

Licensed Embalmer No. 2483

P. O. Address Rogers, Ark.

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.