

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30174

FILED SEP 8 - 1952

State File No. 1003  
 Registrar's No. 8054

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 8054	
1. PLACE OF DEATH a. COUNTY 0			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Bryan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 13 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Achille 8350 R		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Billy		b. (Middle)	c. (Last) Wells	4. DATE OF DEATH (Month) (Day) (Year) August 23, 1952	
5. SEX Male M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 9 1919	9. AGE (In years last birthday) 33	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector	10b. KIND OF BUSINESS OR INDUSTRY M.K.&T.R.R.	11. BIRTHPLACE (City and State or Foreign Country) Yarnaby, Oklahoma		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME G. W. Wells		13b. MOTHER'S MAIDEN NAME Josie Ella Thompson		14. NAME OF HUSBAND OR WIFE Unavailable	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack Wells, Dennison, Texas		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver with Portal hypertension on Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Delirium Tremens (alcoholic) DUE TO (c) acute appendicitis				INTERVAL BETWEEN ONSET AND DEATH 72 hrs
19a. DATE OF OPERATION 8-16-52	19b. MAJOR FINDINGS OF OPERATION acute appendicitis			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) 5811	
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 8-15, 1952, to 8-22, 1952, that I last saw the deceased alive on 8-22, 1952, and that death occurred at 3:00 p.m., from the causes and on the date stated above.					
23a. SIGNATURE D. J. Verda M.D. (Degree or title)			23b. ADDRESS 4500 Olive		23c. DATE SIGNED 8-23-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-23-52	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Durant, Oklahoma	
DATE REC'D BY LOCAL REG. AUG 25 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington		

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

NOV 21 1932

SEP 8 1932

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 *John S. Pennington*  
Licensed Embalmer No. *4194*

P. O. Address \_\_\_\_\_

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.