

FILED JUN 22 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 18735

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>		c. LENGTH OF STAY (in this place) <u>21 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>See Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>B 450</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>			b. (Middle) <u>DAVIS</u>		c. (Last) <u>Wells.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 18-54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 9-1887</u>		9. AGE (in years last birthday) <u>67</u> 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) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk M.R.S. Howard Co. Mo</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jefferson W. Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Bela Henna Wells</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See back for unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-10-8174</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs W. H. Wells New Franklin</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atherosclerosis</u>  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 <u>June 10</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) <u>4201</u>			
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 <u>June 10, 1954</u> , to <u>June 18, 1954</u> , that I last saw the deceased alive on <u>June 18, 1954</u> , and that death occurred at <u>12:21</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Wells M.D.</u>				23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>6-19-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>June 18-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-19-54</u>		REGISTRAR'S SIGNATURE <u>Mary T. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Tolal</u>		ADDRESS <u>New Franklin</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 4 1954

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

*J. L. J. Bell*

Licensed Embalmer No. *3515*

P. O. Address *New Franklin*

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.