

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28130

State File No.

FILED AUG 17 1954

BIRTH NO. _____ REG. DIST. NO. 177 PRIMARY REG. DIST. NO. 3003 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Monett		c. CITY OR TOWN Monett	
c. LENGTH OF STAY (in this place) 3 Yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION No. 8 Sunset Drive		e. STREET ADDRESS (If rural, give location) No. 8 Sunset Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Julius b. (Middle) James c. (Last) Wells			4. DATE OF DEATH (Month) (Day) (Year) 8 8 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 1, 1909		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months 2 Days 7	
IF UNDER 24 HRS. Hours Min. 		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oldsmobile Dealer		10b. KIND OF BUSINESS OR INDUSTRY Car Industry	
11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Richard Wells		13b. MOTHER'S MAIDEN NAME Ora Crites		14. NAME OF HUSBAND OR WIFE Dorothea Wells	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-03-5030		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dorothea Wells, Monett, Mo.	

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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
DUE TO (c) _____		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		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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-7-54, 1954, to 8-8-54, 1954, that I last saw the deceased alive on 8-7-54, 1954, and that death occurred at 12:15 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Ben M.D.		23b. ADDRESS Monett Mo		23c. DATE SIGNED 8-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 10, '54		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
24d. LOCATION (City, town, or county) (State) Monett Mo.					

DATE REC'D BY LOCAL REG. 8-10-54		REGISTRAR'S SIGNATURE Katherine Anderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mercer Funeral Home Monett, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0551

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 854-82

DATE REC. 8-16-54

AUG 25 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
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.