

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7693**

BIRTH NO. _____		REG. DIST. NO. <u>98</u>		PRIMARY REG. DIST. NO. <u>4165</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>					
b. CITY OR TOWN <u>Gallatin</u>		c. LENGTH OF STAY (in this place) <u>Yrs</u>		c. CITY OR TOWN <u>Gallatin</u>		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 <u>---</u>				STREET ADDRESS <u>---</u> (If rural, give location) <u>0319</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Zura</u> c. (Last) <u>Wellman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 12 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 30 1867</u>			
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rural Route</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Terre Haute, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Warren Wiley Wellman</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bevins Morris Aldaritta A Wellman</u>			14. NAME OF HUSBAND OR WIFE (Dec'd) <u>Warren Wiley Wellman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. D. O. Richardson, Gallatin, Mo.</u> ADDRESS <u>---</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES DUE TO (b) <u>Toxemia plus to</u> DUE TO (c) <u>Chronic Prostatitis</u> 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>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>611X</u>				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 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>Mar 4, 1955</u> , to <u>Mar 12, 1955</u> , that I last saw the deceased alive on <u>Mar 12, 1955</u> , and that death occurred at <u>11:45 P.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Floyd C. Nelson M.D.</u>				23b. ADDRESS <u>Gallatin Mo.</u>		23c. DATE SIGNED <u>3-18-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gallatin, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-19-55</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. O. ...</u>		ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1955

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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 *L. P. Richesson*

Licensed Embalmer No. *332*

P. O. Address *Fallston*

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.