

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10994

State File No.

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3004 Registrar's No. 87

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| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> | | c. LENGTH OF STAY (in this place) <u>18 Mos</u> | c. CITY OR TOWN <u>Columbia</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>900 Hardin St.</u> | | STREET ADDRESS (If rural, give location) <u>900 Hardin St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Gertrude</u> | b. (Middle) <u>Bethge</u> | c. (Last) <u>Wells</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1955</u> |
|-------------------------------------|----------------------------|---------------------------|------------------------|--|

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 16, 1885</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Omaha, Nebraska</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Andrew Bethge</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Burkley</u> | 14. NAME OF HUSBAND <u>C. F. Wells</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>393-24-3143</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Charlotte Wells</u> | ADDRESS <u>900 Hardin St.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>from left ventricular failure probable coronary occlusion</u> | | |
| | DUE TO (c) <u>Coronary occlusion</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>7-7-53</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Nov 16, 1953, to April 9, 1955, that I last saw the deceased alive on April 9, 1955, and that death occurred at 4:30 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>James W. Allen</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Columbia Mo</u> | 23c. DATE SIGNED <u>4-9-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4/11/1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u> |
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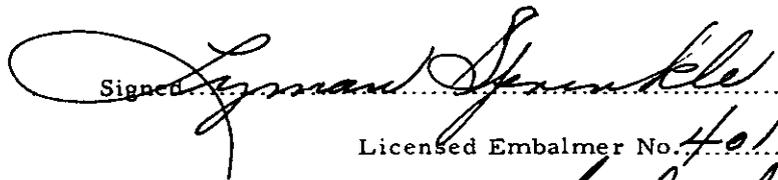
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| DATE REC'D BY LOCAL REG. <u>April 10 1955</u> | REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmex</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James W. Allen</u> | ADDRESS <u>Memorial Funeral Home, Columbia, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....

Licensed Embalmer No. 401

P. O. Address Columbia

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.