

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15224**

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 456

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	c. LENGTH OF STAY (in this place) 20 years	c. CITY OR TOWN Springfield	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 1406 Washington Avenue		f. STREET ADDRESS (If rural, give location) 1406 Washington Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) RILEY c. (Last) WELLS	4. DATE OF DEATH May 22, 1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5 Feb. 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. merchant	10b. KIND OF BUSINESS OR INDUSTRY Produce Business	11. BIRTHPLACE (City and State or Foreign Country) Madisonville, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Stephen Daniel Wells	13b. MOTHER'S MAIDEN NAME Mary Jane Dean	14. NAME OF HUSBAND OR WIFE Mary Minerva Wells
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS John Wells, 1711 E. Grand Street, Springfield, Missouri.

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		INTERVAL BETWEEN ONSET AND DEATH 3-4 days. at least 1 yr. 1 month. at least 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prostatic malignancy DUE TO (c) malnutrition, severe, gen. arteriosclerosis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none		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 1954 to May 22, 1955, that I last saw the deceased alive on 15 May, 1955 and that death occurred at 5:40 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold E. Kuehn	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 23 May 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 24 May 1955	24c. NAME OF CEMETERY OR CREMATORY Wise Hill Cemetery	24d. LOCATION (City, town, or county) (State) Christian County, Missouri.

DATE REC'D BY LOCAL REG. 5-24-55	REGISTRAR'S SIGNATURE Luise Williams	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Paul C. Thiem, Springfield, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

MAY 3 1 1953

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 *Fred C. Thomas*.....

Licensed Embalmer No. 2899
Springfield,
P. O. Address...Missouri....

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.