No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22914

State File No.

FILED JUL 19 1955

BIRTH NO. STATE NO. 210 PRIMARY REG. DIST. NO. 4323 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ravanna
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mercer
c. CITY OR TOWN: Ravanna
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 065-0

3. NAME OF DECEASED (Type or Print)
a. (First): Don
b. (Middle): Estel
c. (Last): Wells

4. DATE OF DEATH (Month) (Day) (Year): 7-10-55

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 12-9- 1903
9. AGE (In years last birthday): 51 — 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): Merchant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mercer Co. ,Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Wells
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Swan
14. NAME OF HUSBAND OR WIFE: Eva Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 488-14-8048
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Eva Wells Ravanna, 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 complete — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
Found dead in yard after mowing
DUE TO (b) Same.
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: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from All his life *, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. E. Bristow
(Degree or title): M.D.
23b. ADDRESS: Bristow Bldg. Princeton, Mo.
23c. DATE SIGNED: 7/14/55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-13-55
24c. NAME OF CEMETERY OR CREMATORY: Ravanna 349-0
24d. LOCATION (City, town, or county) (State): Mercer Co. Mo

DATE REC'D BY LOCAL REG.: 7-14-55
REGISTRAR'S SIGNATURE: Noel Moss
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Noel Moss Princeton, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....Me...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Hal Moss....

Licensed Embalmer No. 26

P. O. Address Funeral

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.