No. 300
10.48

FILED FEB 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5721

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5704 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheeling Twp.
c. LENGTH OF STAY (in this place): 37yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wheeling Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN: Rural Wheeling Twp 0690
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rural Wheeling Twp.

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

4. DATE OF DEATH (Month) (Day) (Year): 2 13 57

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10-13-1869
9. AGE (In years last birthday): 87
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): Bedford, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John James Wolfskill
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Harris
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Edward Harley Wells, Wheeling, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH: 3 mons.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTEROSCLOSIS — 10 to 15 yrs.
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: 4221
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) 2
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* Jun 1954, *to* Feb. 13, 1957, *that I last saw the deceased alive on* Feb 13, 1957, *and that death occurred at* 6:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Neil Bryan (Degree or title) D.O.
23b. ADDRESS: WHEELING, Mo.
23c. DATE SIGNED: 2-15-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-15-57
24c. NAME OF CEMETERY OR CREMATORY: Wheeling
24d. LOCATION (City, town, or county) (State): Wheeling, Missouri

DATE REC'D BY LOCAL REG.: 2-15-57
REGISTRAR'S SIGNATURE: Francis B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Norman Funeral Home, Chillicothe, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

171-0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph M. Tilson

Licensed Embalmer No. 476

P. O. Address Chillicothe

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