Health, Welfare Public Service

300
1-56

FILED MAY 3 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12878

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Trenton — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wrights Hospital — Length of stay in Ib: 7 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mercer
c. CITY OR TOWN: Ravanna, Mo — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: E. Last: Wells

4. DATE OF DEATH Month Day Year: 4-26-57

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 2-20-1882

9. AGE (In years last birthday): 75

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): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Mercer Co., Mo

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Marion Wells

14. MOTHER'S MAIDEN NAME: Martha Alley

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.: 487-42-5973

17. INFORMANT Address: Allie Wells Ravanna, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): obstruction of bowel. — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-21-57 to 4-26-57 and last saw ~~him~~ him alive on 4-24-57
Death occurred at 6:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J M Perry MD

22b. ADDRESS: Princeton, Mo

22c. DATE SIGNED: 4-27-57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 4-28-57

23c. NAME OF CEMETERY OR CREMATORY: Otterbien

23d. LOCATION (City, town, or county) (State): Mercer Co. Mo

24. FUNERAL DIRECTOR: Noel Moss — ADDRESS: Princeton, Mo

25. DATE RECD. BY LOCAL REG.: 5-2-57

26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 9 1957

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hail Most

Licensed Embalmer No. 26-

P. O. Address Sunciton

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