

FILED APR 3 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009152  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 241

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Rollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Cape Girardeau</u> )	c. LENGTH OF STAY (In this place) <u>9 hrs</u>	c. CITY OR TOWN <u>Marble Hill</u>	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 <u>So. E. Mo.</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Webster</u>	b. (Middle) <u>Eli</u>	c. (Last) <u>Wells</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 22 58</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-28-1913</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher-Supt. Schools</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Zalma, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Jessee K. Wells</u>	13b. MOTHER'S MAIDEN NAME <u>Ibbia Simmerman</u>	14. NAME OF HUSBAND OR WIFE <u>Maxine (Cato) Wells</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW-11</u>	16. SOCIAL SECURITY NO. <u>493-32-6175</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maxine Wells</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 1/2 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart disease</u>		
	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	20. AUTOPSY? <u>1</u> YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/21, 1958, to 3/22, 1958, that I last saw the deceased alive on 3/22, 1958, and that death occurred at 10:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Bruce M.D.</u> (Degree or title)	23b. ADDRESS <u>Marble Hill, Mo</u>	23c. DATE SIGNED <u>3/25/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-24-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rollinger Co. Mem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 29, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Ward</u> ADDRESS <u>Lutesville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 4 1958

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.....  
*R. O. Rainis*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, N.C.*

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.