

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010728

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Putman</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Princeton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Powersville,</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Axtell's Hospital</b>		Length of stay in 1b <b>5 days</b>		d. STREET ADDRESS <b>York - Twsp.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Ira. Wells</b>				4. DATE OF DEATH Month <b>March</b> Day <b>9</b> Year <b>1958</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 11, 1883</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Stock</b>		11. BIRTHPLACE (City and state or country) <b>Lucerne, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Charley Wells</b>				14. MOTHER'S MAIDEN NAME <b>Mary Edmond</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs. Ira. T. Wells - Powersville, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cholecystitis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <b>Local peritonitis of Gall bladder</b>							
DUE TO (c) <b>Cholecystectomy</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Parkinson's Syndrome 20 years</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>2</b>					
20c. TIME OF INJURY Hour <b>10:14 a.m.</b> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>3-4-58</b> to <b>3-9-58</b> and last saw <b>him</b> alive on <b>3-9-58</b> Death occurred at <b>10:14 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Byron I. Axtell D.O.</b>				22b. ADDRESS <b>Princeton, Mo.</b>		22c. DATE SIGNED <b>3-11-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>March 11, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lucerne Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lucerne, Missouri.</b>	
24. FUNERAL DIRECTOR <b>RE Axtell</b>				25. DATE RECD. BY LOCAL REG. <b>3-11-58</b>		26. REGISTRAR'S SIGNATURE <b>Axtell Matt</b>	

(Licensed Embalmer's Statement on Reverse Side)

Director, coroner, etc.: most use only standard momentary in view of no symptoms with no natural causes. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *L.E. Ogden*.....

Licensed Embalmer No. 502

P. O. Address Princeton,

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