

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014952  
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. \_\_\_\_\_ Primary Registration District No. 195 Registrar's No. 42-58

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0600  
3  
300  
1-56

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before permission) a. STATE <b>Ark.</b> b. COUNTY <b>Benton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Near Noel (County Rd. 2)</b> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Sulphur Springs Rt. 1</b> Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None</b> Length of stay in 1b <b>I yr.</b>		d. STREET ADDRESS (If outside, give location) <b>Rt. 1</b> Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>LOUIS</b> First <b>WILLIAM</b> Middle <b>WELLS</b> Last		4. DATE OF DEATH <b>3-28-58</b> Month <b>3</b> Day <b>28</b> Year <b>58</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</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>Dec. 12, 1928</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Salvage Co.</b>	9. AGE (In years last birthday) <b>29</b>
11. BIRTHPLACE (City and state or country) <b>Jay Okla.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Henry Wells</b>		14. MOTHER'S MAIDEN NAME <b>Leona Chrisman</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean Conflict</b>		16. SOCIAL SECURITY NO. <b>431-50-7863</b>	
17. INFORMANT <b>Mrs Darlane Wells</b> Address <b>Sulphur Springs Ark.</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>Crushed Chest &amp; Internal Injuries</b> DUE TO (b) <b>Truck Accident</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)			INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
20a. ACCIDENT <input checked="" 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>Truck Accident (Body was pinned under the Truck)</b>		
20c. TIME OF INJURY <b>6:00 p.m. 3-28-58</b> Hour <b>6:00</b> Month <b>3</b> Day <b>28</b> Year <b>58</b>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>County Rd. East of Noel</b>	20f. CITY, TOWN, OR LOCATION <b>Noel (Rt 2)</b>	COUNTY <b>McDonald</b> STATE <b>Mo.</b>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>6:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.</b>			
22a. SIGNATURE (Degree or title) <b>M. S. Humphrey, Jr. Coroner</b>		22b. ADDRESS <b>Noel Mo.</b>	22c. DATE SIGNED <b>3-30-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-3-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Butler Creek Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Sulphur Springs Rt 1 Ark.</b>
24. FUNERAL DIRECTOR <b>Humphrey &amp; Son Noel, Mo.</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>April 16, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mary A. Bradley</b>

JUL 9 1958

JUN 2 1958

MAY 29 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 \_\_\_\_\_  
Licensed Embalmer No. 47

P. O. Address \_\_\_\_\_

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.