S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019361
State File No.

FILED MAY 16 1958

BIRTH NO. REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6041 Registrar's No. 2446

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neelyville Rural
c. LENGTH OF STAY (in this place): 18 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence of son

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ark
b. COUNTY: Lawrence
c. CITY OR TOWN: Hoxie 8030 8
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rt 1, Hopewell Twp

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

4. DATE OF DEATH (Month) Apr (Day) 18 (Year) 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 31, 1894
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months 7 Days 17 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: Own home
11. BIRTHPLACE (City and State or Foreign Country): Randolph Co., Ark.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jake Hufstedler
13b. MOTHER'S MAIDEN NAME: Don't Know
14. NAME OF HUSBAND OR WIFE: John W. Wells

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.
17. INFORMANT'S SIGNATURE OR NAME: Floyd Wells
ADDRESS: Rt 1, Alicia, Ark

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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
002X
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)
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* 3-21, 1958, *to* 4-18, 1958, *that I last saw the deceased alive on* 4-18, 1958, *and that death occurred at* 9:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Smith, (Degree or title) D.O.
23b. ADDRESS: Neelyville, Mo.
23c. DATE SIGNED: 5-4-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 20, 1958
24c. NAME OF CEMETERY OR CREMATORY: Powhatan Cemetery
24d. LOCATION (City, town, or county) (State): Powhatan, Ark.

DATE REC'D BY LOCAL REG.: 5-5-1958
REGISTRAR'S SIGNATURE: E R Johnston
25. FUNERAL DIRECTOR'S SIGNATURE: Bryan Funeral Home
ADDRESS: Hoxie, Ark.

(Licensed Embalmer's Statement on Reverse Side) By-W.C. Bryan

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

0910

277-00

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. C. Bryan

Arkansas Licensed Embalmer No. 481

P. O. Address Hoxie, Arkar

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