

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021742

STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 382 Primary Registration District No. 5543 Registrar's No. 16

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN (If outside corporate limits of TOWNSHIP only) <u>Booneslick Township</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Booneslick township</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Smis. Glasgow Life</u>		d. STREET ADDRESS (If outside, give location) <u>Smis. Glasgow</u>	

3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Kiggins</u> Last <u>Wells</u>			4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 1, 1876</u>		9. AGE (years, months, days) <u>82</u> <u>6</u> <u>6</u>
10a. US OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTH PLACE (City and state or country) <u>Howard Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>William P. Wells</u>		13b. MOTHER'S MARRIEN NAME <u>Ellen Kiggins</u>		14. NAME OF HUSBAND OR WIFE <u>Willie Maude Sartin Wells</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. A. K. Wells</u> Address <u>Glasgow Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>mitral stenosis</u>	?	
	DUE TO (c) <u>Antero splanchnic</u>	?	
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 <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.)		
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>					

20d. INJURY OCCURRED WHILE AT <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 <u>11-20-56</u> to <u>6-7-58</u> and last saw her/him alive on <u>5-17-58</u> Death occurred at <u>2:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. P. Jackson M.D.</u>			22b. ADDRESS <u>Glasgow Mo.</u>		22c. DATE SIGNED <u>6-10-58</u>

23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE <u>June 10, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boonesboro</u>	23d. LOCATION (City, town, or county) (State) <u>Boonesboro Mo.</u>
24. FUNERAL DIRECTOR <u>Andsley-Frimoth</u>		ADDRESS <u>Glasgow Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>June 11, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Walker Andsley</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Charles T. Tenham*

Licensed Embalmer No. *5028*

P. O. Address *S Glasgow, Mo*

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.