Health,
Welfare
Public
Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016752
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 38 Primary Registration District No. 3066 Registrar's No. 261

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Ellis Fischel State — Length of stay in 1b: 23 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Waynesville — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Route #1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Arthur — Middle: Benoan — Last: Wells
4. DATE OF DEATH: Month: June — Day: 10 — Year: 1959
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: January 21, 1890
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Franklin T. Wells
13b. MOTHER'S MAIDEN NAME: Fannie Wilson
14. NAME OF HUSBAND OR WIFE: Pearl Wells
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 546-16-8561
17. INFORMANT: Hospital Records - Columbia, Mo. — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Staphylococcus septicemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Staphylococcus enterocolitis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): appendicial perforation & abscess 5501
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 May 18, 1959 to June 10, 1959 and last saw her/him alive on June 10, 1959
Death occurred at 6:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles H Dart Jr. (Degree or title) MD
22b. ADDRESS: Cancer Hospital, Columbia, Mo.
22c. DATE SIGNED: 6/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/14/59
23c. NAME OF CEMETERY OR CREMATORY: Buckhorn Cemetery
23d. LOCATION (City, town, or county) (State): Waynesville, Mo Rural

24. FUNERAL DIRECTOR: Hedges Funeral Home — ADDRESS: Way, Mo.
25. DATE RECD. BY LOCAL REG.: June 12 1959
26. REGISTRAR'S SIGNATURE: Mrs. R.E. Falmer

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 6 1959

JUN 1 0 1959

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 Clarence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.