

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028566

FILED VS SEP 15 1959

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 53

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dallas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN S. Benton Twp.		Length of stay in 1b 1 yr.		c. CITY OR TOWN Buffalo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buffalo, Mol			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) S. Benton Twp.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Clark Middle W. Last Wells				4. DATE OF DEATH Month September Day 7 Year 1959					
5. SEX Male	6. COLOR OR RACE caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH April 30, 1899	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months 4 Days 7	IF UNDER 24 HR Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Clarksville, Iowa		12. CITIZEN OF WHAT COUNTRY US		
13a. FATHER'S NAME James C. Wells			13b. MOTHER'S MAIDEN NAME Minnie Ora Smith			14. NAME OF HUSBAND OR WIFE Louise K. Wells			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 483-24-4862		17. INFORMANT Louise K. Wells			Address Buffalo, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Mediastinal Hemorrhage									
DUE TO (b) Aneurism of Thoracic Aorta							yr.		
DUE TO (c) Atheroma							?		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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 7 a.m. p.m.		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 <u>July 1, 1959</u> to <u>Sept. 7, 1959</u> and last saw her/him alive on <u>Sept. 2, 1959</u> Death occurred at <u>6:10 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J. Bennett</i> (Degree or title) D.O.					22b. ADDRESS Buffalo, Missouri		22c. DATE SIGNED Sept. 8, 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 10, 1959	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) Clarksville, Iowa				
24. FUNERAL DIRECTOR ADDRESS Montgomery Funeral Home Buffalo, Missouri				25. DATE RECD. BY LOCAL REG. 9/14/58		26. REGISTRAR'S SIGNATURE <i>Mrs. Jean Petree</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Vete

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missou

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.