

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 6 1 0

FILED VS DEC 16 1959

170

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 188

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Laclede.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dove, Missouri		Length of stay in 1b 6 yrs.		c. CITY OR TOWN LaQuey, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Grove N. Home.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rt.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Fannie. Middle Myra. Last Wells.				4. DATE OF DEATH Month Dec. Day 1, Year 1959			
5. SEX Female	6. COLOR OR RACE White.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/24/1866	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR 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 -----		11. BIRTHPLACE (City and state or country) Elyria, Ohio.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Wilson.			13b. MOTHER'S MAIDEN NAME Ellen Christian.		14. NAME OF HUSBAND OR WIFE Franklin T. 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. None.	17. INFORMANT Address Mr. Oliver Wells Richland, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Senil.Ty Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH one week	
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 checked="" 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"/> None		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 <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 11/15/58 to 12/1/59 and last saw her/him alive on 11/28/59 Death occurred at 4:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE (Do not write title) George E. Orsler M.D.				22b. ADDRESS Lebanon, Missouri		22c. DATE SIGNED 12/4/59	
23a. BURIAL, CREMATION, REINTERMENT Burial		23b. DATE 12/4/59	23c. NAME OF CEMETERY OR CREMATORY Idumea Cemetery		23d. LOCATION (City, town, or county) (State) LaQuey, Missouri		
24. FUNERAL DIRECTOR Hedges Funeral Home Richland, Mo.				25. DATE RECD. BY LOCAL REG. 12-4-1959	26. REGISTRAR'S SIGNATURE Hella L. Gray		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Clarence E. M.

Licensed Embalmer No. 4896

P. O. Address Waynesville, M.

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