

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005144

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 168

AMENDED

FILED VS FEB 20 1961

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2919 W. Sunshine Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First ROBERT Middle Last WELLS 4. DATE OF DEATH Month February Day 14 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1 Jan. 1874 9. AGE (last birthday) 87 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) Show Business (Carnivals) 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) Iowa 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Hezekiah Wells 13b. MOTHER'S MAIDEN NAME Matilda Wells 14. NAME OF HUSBAND OR WIFE None

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. No 17. INFORMANT Address George Crable (Nephew) Springfield, 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, etiology undetermined INTERVAL BETWEEN ONSET AND DEATH ± 16 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES 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 2/4/61 to 2/14/61 and last saw ~~her~~ him alive on 2/14/61. Death occurred at 6:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo T. New Jr. M.D. (Degree or title) 22b. ADDRESS 1211 S. Glenstone Springfield, Missouri 22c. DATE SIGNED 2-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/17/61 23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery 23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS KLINGNER MORTUARY, INC. 25. DATE RECD. BY LOCAL REG. 2-17-61 26. REGISTRAR'S SIGNATURE Effie S. Heston

jtc

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Glen D Williams

Licensed Embalmer No. 4651

P. O. Address Springfield 5

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.