

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042147

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 316 Primary Registration District No. Registrar's No. 455

STATE FILE NUMBER

DATE AWARDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY **St. Francois**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Francois Township** Length of stay in lb **4 Mos.; 24 das.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **State Hospital No. 4** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **New Madrid**
 c. CITY OR TOWN **Gideon** Inside Limits **Unknown**
 d. STREET ADDRESS (If outside, give location) **State Hospital No. 4** Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First **OLIVE** Middle **MARIE** Last **WELLS**
 4. DATE OF DEATH Month **November** Day **14** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **12-2-1915** 9. AGE (last birthday) **45**
 IF UNDER 1 YEAR Months **11** Days **12** IF UNDER 24 HR Hours **12** 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) **Portageville, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Austin Fielder** 13b. MOTHER'S MAIDEN NAME **Jennie Elizabeth Hawkins** 14. NAME OF HUSBAND OR WIFE **Everett 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 **Records, State Hospital No. 4, Farmington, 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) **Terminal pneumonia - - - - -** Abt. **4 das.**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Organic brain pathology associated with intracranial infection (spinal meningitis at age of 2 yrs.) - duration unknown.**
 DUE TO (c) **Psychotic reaction, since Feb. 1961.**

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 **3:45** a.m. **3:45** 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 **Sept. 10, 1961** to **Nov. 14, 1961** and last saw her **live** on **Nov. 14, 1961**
 Death occurred at **3:45 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **John A. Brennan, M.D.** 22b. ADDRESS **State Hospital No. 4 Farmington, Missouri** 22c. DATE SIGNED **11-14-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Nov. 16, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Portageville Cemetery** 23d. LOCATION (City, town, or county) (State) **Portageville, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Osburn Funeral Home, Wardell, Missouri** 25. DATE RECD. BY LOCAL REG. **Nov. 14, 1961** 26. REGISTRAR'S SIGNATURE **E. R. Rudloff**

FEB 7 1962

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 *Ch Cozear*

Licensed Embalmer No. 4084

P. O. Address Farmington

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.