

STANDARD CERTIFICATE OF DEATH

State File No. 31995

Registration District No. \_\_\_\_\_

Primary Registration District No. 4190

Registrar's No. 28

FILED OCT 18 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Stanberry  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Albert D. Wells

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 11th, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 7 10 hr. min. Mo. 0

9. Birthplace Engineer  
(City, town, or county) (State or foreign country)

10. Usual occupation Wabash R.R.

11. Industry or business \_\_\_\_\_

12. Name William S. Wells

18. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alexander

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Wells

(b) Address Moberly, Mo.

17. (a) Burial (b) Date thereof Sept. 25th 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Latoy & Phillips

(b) Address Stanberry

19. (a) 7/24/40 (b) G. F. Bennett  
(Date received by Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 616 W. Carpenter  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 24st  
year 1940 hour 11 minute 30 p. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
injured body after death 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death  
acute coronary occlusion

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

286  
While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

28. Signature Joel A. Barnes (M.D. or other) \_\_\_\_\_  
Address 1111 W. 2nd St Date signed 9/24/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 11,  
District File Number  
Date Filed

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~~ .....

~~working under my personal supervision~~

~~Registered Apprentice No.~~ .....

Signed *Leroy H. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Stanberry Md*

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 this body is not embalmed, above space should be left blank.