

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42976

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 ~~DELETED~~ DIST. NO. 5746 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>CALDWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALDWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-DAVIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-DAVIS</u>	
c. LENGTH OF STAY (in this place) <u>2 MO</u>		d. STREET ADDRESS (If rural, give location) <u>29 ? MO SAME</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ONE-HALF MILE WEST BRAYNER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) <u>STELLA</u> c. (Last) <u>WELLS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11 1948</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 4 1878</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOLTEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOLTEACHER</u>	11. BIRTHPLACE (State or foreign country) <u>CALDWELL CO., MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JAMES N. MOTSINGER</u>		13b. MOTHER'S MAIDEN NAME <u>GELIA ANN PHILLIPS</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM WELLS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. JIM TOOMAY, BRAYNER MO</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pancreatitis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>✓</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brayner Caldwell MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>Oct 13</u> , 1948, to <u>Nov 11</u> , 1948, that I last saw the deceased alive on <u>Nov 10</u> , 1948, and that death occurred at <u>9 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry J. Patterson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Brayner MO</u>	23c. DATE SIGNED <u>11/11/48</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV 2 1948</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>SEATTLE, WASHINGTON</u>
DATE REC'D BY LOCAL REG. <u>9-13-49</u>	REGISTRAR'S SIGNATURE <u>Mr. Nell P. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene C. Michael, Brayner, MO.</u>	

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

SEP 19 1949

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.~~

Signed Gene C. Michael

Signed \_\_\_\_\_  
~~Student Embalmer~~

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

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, fact should be so stated above.