

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27471

State File No. _____

FILED AUG 18 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4337</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>Monroe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Madison</u>		c. LENGTH OF STAY (in this place) <u>6 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Madison & R #6</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert William</u> b. (Middle) <u>Wells</u> c. (Last) <u>Wells</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-3-49</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3/4/1864</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dave Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Mahala Munday</u>		14. NAME OF HUSBAND OR WIFE <u>Robert 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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norman Keever, Madison 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>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-renal-vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>years</u> <u>4 1/2 x</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 27, 1949</u> , to <u>Aug 3, 1949</u> , that I last saw the deceased alive on <u>Aug 2, 1949</u> , and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. S. Turner D.D.</u> (Degree or title)				23b. ADDRESS <u>Madison Mo</u>		23c. DATE SIGNED <u>8-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>8/4/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Small Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 8, 1949</u>		REGISTRAR'S SIGNATURE <u>Oliver Little</u> 204		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lucas G. ...</u>			

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RECEIVED

AUG 15 1949

District Health Officer No. 10

District File Number 2-49-1404

Date Filed AUG 16 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.

Student

Student Embalmer

Signed

Mrs. Paul G. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Wis

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.