

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31084

State File No. _____
Registrar's No. ~~320~~ 320

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>320</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Marion</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Marion</u>	
c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>506 Willow</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST-Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Frank</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Wells</u>	(Month) <u>Sept.</u>	(Day) <u>17</u>	(Year) <u>1949</u>	Male	6. COLOR OR RACE <u>White</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 27, 1869</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>_____</u> Min. <u>_____</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Griggsville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bern. Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Jester</u>		14. NAME OF HUSBAND OR WIFE <u>Ella</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virginia Turner, 925 Lyon, Hannibal Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES				DUE TO (b) <u>Cerebral arteriosclerosis</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
Conditions contributing to the death but not related to the disease or condition causing death.				3.31X			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. 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) (Min.) _____		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>Sept 18, 1949</u> to <u>Sept 17, 1949</u> , that I last saw the deceased alive on <u>Sept 17, 1949</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. J. Collins</u> (Degree or title) _____		23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>Sept 22, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-24-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O'Donnell Hannibal Mo</u>			

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

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 _____
Student Embalmer

Signed

Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Humboldt 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.