

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19889

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>571</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Green County Mo</u>				a. STATE <u>Mo</u>		b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, give RURAL and give town or township) <u>Springfield Mo</u>		c. LENGTH OF STAY (In this place) <u>16 months</u>		c. CITY (If outside corporate limits, with RURAL and give township) <u>Springfield Mo</u>		OR TOWN <u>1531 East Florida St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence - 1531 E. Florida</u>				d. STREET ADDRESS (If rural, give location) <u>1531 East Florida St</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Arminda</u>			b. (Middle) <u>Wells</u>			c. (Last) <u>Boettie</u>	
						4. DATE OF DEATH (Month) (Day) (Year) <u>June 19 - 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 28 - 1861</u>	9. AGE (In years last birthday) <u>88 yrs</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home Keeper</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Solomon Wells</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Huff</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Boettie Ozark Mo</u>		ADDRESS <u>Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General arteriosclerosis with cardiac failure</u>				2 years?	
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				1580	
		Conditions contributing to the death but not related to the disease or condition causing death.					
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) (m.)		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>April</u> , 19 <u>50</u> , to <u>June 19</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 18</u> , 19 <u>50</u> , and that death occurred at <u>4 30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Gene W Farthing</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>June 20, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 21</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lambina Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christian County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-21-50</u>		REGISTRAR'S SIGNATURE <u>W E Handley MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>		ADDRESS <u>Ozark Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

396

JUL 5 1950

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ogark. 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, fact should be so stated above.