

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>4001</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger</u>		0 0 1 1 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Novinger, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Paul</u>		b. (Middle) <u>Clarence</u>		c. (Last) <u>Wellman</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>18,</u>		(Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Aug. 2, 1948</u>		9. AGE (In years last birthday) <u>2</u>	10. IF UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Kirkville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Glen W. Wellman</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Jean Paul</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>Glen W. Wellman, Novinger, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> * ANTECEDENT CAUSES <u>Falling in well</u> Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6:42 PM</u> <u>22.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Family Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Novinger Adair 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?			
22. I hereby certify that I attended the deceased from <u>Jan 18, 1951</u> , to <u>Jan 18, 1951</u> , that I last saw the deceased alive on <u>Jan 18, 1951</u> , and that death occurred at <u>10:00</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>A. H. Garrison M.D.</u>				23b. ADDRESS <u>Novinger Mo.</u>		23c. DATE SIGNED <u>1-18-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/20/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Novinger,</u>		24d. LOCATION (City, town, or county) (State) <u>Novinger, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-19-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Telford</u>		ADDRESS <u>Kirkville, Mo.</u>	

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

Received from [unclear]

Date Received: JAN 22 1951
DISTRICT HEALTH OFFICE #2
District File Number /-57-2-
Date Filed: FEB 5 1951

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, ~~on~~ by _____

Glen A. Gibbons

working under my personal supervision.

Student Embalmer No.

Signed _____

Glen A. Gibbons

Signed _____
Student Embalmer

Licensed Embalmer No. 4624

P. O. Address Kirkville, 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.