

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9551

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>	PRIMARY REG. DIST. NO. <u>3052</u>	Registrar's No. <u>81</u>
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>520 N. Monticary</u>		d. STREET ADDRESS (If rural, give location) <u>117 E. Cooper</u>		
3. NAME OF DECEASED a. (First) <u>Amanda</u> (Type or Print)		b. (Middle)		c. (Last) <u>Wells</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>Housewife</u>
11. BIRTHPLACE (State or foreign country) <u>Howard County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Willis</u>
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Gene Wells - Deceased</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 <u>John Thrext - Little Rock, Ark</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral hemorrhage, 1st stroke, July, 1950</u> ANTECEDENT CAUSES <u>Second stroke, October, 14, 1950. Left hemiplegia,</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) <u>Arterio-sclerosis vessels, general,</u> II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension. Gradual onset.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No Operation.</u>		20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural death.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXX</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No injury.</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>No injury. 3rd, 1951.</u>
22. I hereby certify that I attended the deceased from <u>Last, 10/14, 50</u> , to <u>March 3, 1951</u> , that I last saw the deceased alive on <u>March 3, 1951</u> , and that death occurred at <u>10.30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. B. Prader, M.D.</u>		23b. ADDRESS <u>West 4th Street, Sedalia, Missouri.</u>		23c. DATE SIGNED <u>3/3/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Mar. 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex Cemetery, Sedalia, Mo.</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Price Alexander - Sedalia, Mo.</u>		24f. ADDRESS <u>Sedalia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/8/1951</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 3-16-51

MAR 16 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, or by

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....

Licensed Embalmer No. 42413

P. O. Address Sedalia 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.