

FILED MAY 15 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15234

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6086 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give mile south, north, east or west of township) <b>1 mile south Napton, Mo (highly)</b> TOWN <b>Rural Salt Fork Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Salt Fork Township 1970</b>	
c. LENGTH OF STAY (in this place) <b>60 Years</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Route 2 Napton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Route 2 Napton</b>		e. STREET ADDRESS <b>Rural Route 2 Napton</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Wellington S.</b>	b. (Middle) <b>Wells</b>	c. (Last) <b>Wells</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 9th 1951</b>
-------------------------------------	---------------------------------	--------------------------	------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 22nd 1890</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>19</b>	IF UNDER 1 HR. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer Owner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Alfred E. Wells</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie A. Steward</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hellen Williams, Napton, Mo</b>
--	-------------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>✓</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>	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 **in reality from the death 5-9-51**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:30 - m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>P. L. Lawless</b> (Degree or title) <b>Coroner Saline Co</b>	23b. ADDRESS <b>Marshall Mo.</b>	23c. DATE SIGNED <b>5-10-51</b>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/13th/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Nelson Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saline County, Missouri</b>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>May, 12-1951</b>	REGISTRAR'S SIGNATURE <b>Lidney J Gray</b> 385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>George J. Green Marshall Mo</b>
--	--	---

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

970  
1

**RECEIVED** 5-14-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 5-14-51 \_\_\_\_\_

VS MAY 20 1959

**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. 4220  
P. O. Address \_\_\_\_\_

**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.