

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17442

732
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTRY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 Mo.</u>		c. CITY OR TOWN <u>Rural - Corsicana 0050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>Purdy - Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Wells</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 - 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 12 - 1873</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mills</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Wells</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>Pearl Wells, Purdy Mo R. 30.</u> ADDRESS			
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>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
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)		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)		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>5-7</u> , 1951, to <u>5-8</u> , 1951, that I last saw the deceased alive on <u>5-8</u> , 1951, and that death occurred at <u>1:55 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. L. Whitfield M.D.</u> (Degree or title)				23b. ADDRESS <u>Barry Mo</u>		23c. DATE SIGNED <u>5-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 10 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corsicana Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 12, 1951</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McQueen Funeral Home</u> ADDRESS <u>Wheaton, Mo.</u>			

16
RECEIVED

District Health Officer No. Newton Co. HD
District File Number 551-124
Date Filed 5/16/51

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.

Student Embalmer No.

Signed Paul D. Herbert

Signed.....
Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.