

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20761

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 207

1. PLACE OF DEATH
 a. COUNTY Marion
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE Missouri b. COUNTY Marion
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal 0644
 d. STREET ADDRESS (If rural, give location) 1825 Gordon St

3. NAME OF DECEASED
 a. (First) Hugh b. (Middle) G c. (Last) Wells

4. DATE OF DEATH June 12 1951

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 11 1878

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 2 Days 1 IF UNDER 24 HRS. Hours 11 Min. 0

10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Troy, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME William H. Wells

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE Ethel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Wells, 1825 Gordon, Hannibal Mo

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
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis
 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
7 days
2 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 19 51, to June 12, 19 51, that I last saw the deceased alive on June 12, 19 51, and that death occurred at 12:22 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. L. L. ... M. D.

23b. ADDRESS 1001 Bwy, Hannibal, Mo.

23c. DATE SIGNED 6-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-12-51

24c. NAME OF CEMETERY OR CREMATORY MT. Olivet Cemetery

24d. LOCATION (City, town, or county) (State) Hannibal, Marion Mo

DATE REC'D BY LOCAL REG. 6/18/51

REGISTRAR'S SIGNATURE James O'Donnell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James O'Donnell Hannibal Mo

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

0669

JUN 25 1951

ARIZONA CO. HEALTH DEPT.

DATE FILED JUN 27 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Michael J. O'Hanley

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.