

FILED NOV 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38453**
0868

BIRTH NO. _____ REG. DIST. NO. *291* PRIMARY REG. DIST. NO. *5992* Registrar's No. *10*

1. PLACE OF DEATH a. COUNTY <i>Putnam</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Putnam</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, Lincoln Township</i>	c. LENGTH OF STAY (in this place) <i>6 years</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Lincoln Township</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>Unionville RFD 4</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>BERT BENJAMIN NELSON</i>	b. (Middle)	c. (Last) <i>WELLS</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>NOVEMBER 1 1957</i>
--	--	-------------	------------------------	--

5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	8. DATE OF BIRTH <i>Aug. 10-1896</i>	9. AGE (In years last birthday) <i>55</i>	IF UNDER 1 YEAR Days <i>2</i>	IF UNDER 2 HRS. Hours <i>21</i> Min.
-----------------------	----------------------------------	--	---	--	----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>FARMER</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>FARM</i>	11. BIRTHPLACE (State or foreign country) <i>Apparoose County Iowa</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
--	--	---	--

13a. FATHER'S NAME <i>Ford Wells</i>	13b. MOTHER'S MAIDEN NAME <i>Do not know</i>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Clark Wells, Unionville Mo.</i>	ADDRESS
---	--	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>7</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Liver</i>		
	ANTECEDENT CAUSES Morbid 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.			

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) <i>1561</i>
--	--	--

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 *Sept 15, 1957*, to *Now*, 1957, that I last saw the deceased alive on *Oct 10, 1957*, and that death occurred at *11:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>P. O. Hart</i>	(Degree or title) <i>0</i>	23b. ADDRESS <i>M.D. Coatsville, Mo.</i>	23c. DATE SIGNED <i>11-2-57</i>
-------------------------------------	----------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11-4-57</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laura Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Exline, Iowa</i>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <i>11-15-57</i>	REGISTRAR'S SIGNATURE <i>Marvell Dublin</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>266 Hugh S. Johnson</i>	ADDRESS <i>Centerville, Ia</i>
---	--	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

860

Date Received: NOV 20 1951
DISTRICT HEALTH OFFICE #
District File Number 11-57-
Date Filed: NOV 20 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.

Student Embalmer No.

Signed

Kyle J. Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. *3487*

P. O. Address *Centerville, Ia*

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.