

FILED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21659

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>215</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		<u>0942</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>8 Chestnut St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jasper</u> b. (Middle) <u>Henry</u> c. (Last) <u>Wells</u>			4. DATE OF DEATH <u>July 3, 1952</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-8-1883</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Mdse.</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>UNK.</u>	
13a. FATHER'S NAME <u>John A. Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Susie Bequette 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>499-03-5433</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Susie Wells Flat River, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat exhaustion</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 or 6 days</u> <u>about 2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>69319</u> <u>46</u>		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) (Min.)		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>March 2, 1950</u> , to <u>July 3, 1952</u> , that I last saw the deceased alive on <u>July 3, 1952</u> , and that death occurred at <u>7 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul L. Africa</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>Flat River, Missouri</u>		23c. DATE SIGNED <u>7-5-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 6, 1952</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sparks F. Home Flat River, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

6551 1 8 7/11

DEC 6 1987

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 Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address Lat Kivok, 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.