

FILED DEC 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39723

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4407</u>		Registrar's No. <u>360</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaMonte</u>		c. LENGTH OF STAY (in this place) <u>30 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaMonte</u>		<u>0809</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Glenn</u>		b. (Middle) <u>Melvin</u>		c. (Last) <u>Wellman</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>23</u>		(Year) <u>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>11 27 1893</u>	
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		10. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Edward R. Wellman</u>			
13a. FATHER'S NAME <u>Edward R. Wellman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Tester</u>		14. NAME OF HUSBAND OR WIFE <u>Little Wellman</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>Mrs G.M. Wellman LaMonte 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>Annyo-Atrophic Lateral Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>					
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>LaMonte, Pettis, Mo</u>		21f. HOW DID INJURY OCCUR? <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>July 1950</u> , to <u>Nov 23, 1952</u> , that I last saw the deceased alive on <u>Nov 23, 1952</u> , and that death occurred at <u>11:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. W. Travis</u>		(Degree or title) <u> </u>		23b. ADDRESS <u>Knob Tester, Mo</u>		23c. DATE SIGNED <u>Nov 25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaMonte Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaMonte Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/28/52</u>		REGISTRAR'S SIGNATURE <u>251</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>		ADDRESS <u>LaMonte Mo</u>	

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

Paul M. Moore

Licensed Embalmer No. *3923*

P. O. Address

La Monte 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.