

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2273**

FILED FEB 3 1958

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 91	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place) 55 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 401 East 14th., St.			
3. NAME OF DECEASED (Type or Print)		a. (First) MARGARET		b. (Middle) JANE		c. (Last) WELLS	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) January 24, 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		8. DATE OF BIRTH Dec. 10, 1876		9. AGE (In years last birthday) 81 If under 1 year: Months _____ Days _____ If under 12 mos. Hours _____ Min. _____	
11a. BIRTHPLACE (State or foreign country) USA				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Alonzo Beeson		13b. MOTHER'S MAIDEN NAME Susan Francis Brownfield		14. NAME OF HUSBAND OR WIFE Waldo L. Wells			
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. None		17. INFORMANT'S SIGNATURE OR NAME Waldo L. Wells, Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) Hypertensive Cardio-Vascular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture with removal left patella with cast.				INTERVAL BETWEEN ONSET AND DEATH 1 day 2 years 2 years 3 weeks	
19a. DATE OF OPERATION 2 January 1958		19b. MAJOR FINDINGS OF OPERATION Comminuted fracture of left patella				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sedalia 13² Pettis Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) December 29 1957 8^{PM}		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Tipped in a doorway and fell on knees.			
22. I hereby certify that I attended the deceased from 25 May, 1957 , to 24 January, 1958 , that I last saw the deceased alive on 24 January, 1958 , and that death occurred at 7:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Stanley D. Fisher M.D.				23b. ADDRESS 500 1/2 So Ohio Sedalia, Missouri		23c. DATE SIGNED 27 January '58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/27/ 1958		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 1-27-58		REGISTRAR'S SIGNATURE Frances Kelly		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. W. Stewart Sedalia, Mo			

(Licensed Embalmers' Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

FEB 5 1958

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. _____

Student
Student Embalmer

Signed

Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.