

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033733

STATE FILE NUMBER

FILED OCT 6 1958

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

379

S. 300  
v. 1-57

GILLESPIE FUNERAL HOME

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Sedalia</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>612 N. Prospect</b>			Length of stay in 1b <b>69 Yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>612 N. Prospect</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>Jr.</b> Last <b>Wells</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>2</b> Year <b>58</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 7, 1889</b>		9. AGE (In years last birthday) <b>69</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Machinery</b>		11. BIRTHPLACE (City and state or country) <b>Sedalia, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>George Wells Sr.</b>			13b. MOTHER'S MAIDEN NAME <b>Minnie Poagher</b>			14. NAME OF HUSBAND OR WIFE <b>Edna Moore Wells</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes U.S.A.</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mrs. Edna Wells Sedalia, Missouri</b> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: <b>Cardio-Vascular Disease.</b>						INTERVAL BETWEEN DEATH AND DEATH			
IMMEDIATE CAUSE (a) <b>Uremia.</b>						<b>Over one year.</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio-Sclerosis. Advanced.</b>						<b>Over 2 weeks.</b>			
DUE TO (c) <b>Chronic Bronchitis. Bilateral.</b>						<b>Over 2 years.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Bronchitis. Bilateral.</b>						19. WAS AUTOPSY PERFORMED? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <b>2</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>None.</b>			20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) <b>4221</b>						
20c. TIME OF INJURY Hour Month, Day, Year a.m. <b>None.</b> p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None.</b>		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from death occurred at <b>8:55 A.M.</b>				to <b>Oct. 2nd, 1958</b>		and last saw her alive on <b>Oct. 2nd, 1958</b>		him on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Jno. B. Carlisle, M.D.</b>				22b. ADDRESS <b>Sedalia, Missouri.</b>				22c. DATE SIGNED <b>Oct. 3rd, 1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 4, 58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Menoral Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Sedalia Missouri</b>			
24. FUNERAL DIRECTOR <b>D. W. Heckart Sedalia Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>Oct 3, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Frances Kelly</b>			

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 .....  
Signature of Student Embalmer

Signed *D. L. Shaffer* .....

Licensed Embalmer No. *5063* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.