

FILED VS NOV 16 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH59-037070  
State File No. ....BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAYTI</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NETHERLAND</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>SHIREY CLINIC</u>		d. STREET ADDRESS <u>0780</u> (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>BABY</u>		c. (Last) <u>WELLS</u>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 5 1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, 0 WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>NOV. 5 - 1959</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>	
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>SAM WELLS</u>		13b. MOTHER'S MAIDEN NAME <u>CLEMENTINE DEEVER</u>	
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)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Sam Wells</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia 6 wks.</u> <u>Wessons - Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>maternal uterine bleeding - Quercia</u> 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 <u>7625</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)		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>11-5-</u> , 19 <u>57</u> , to <u>11-5-</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>11-5-</u> , 19 <u>57</u> , and that death occurred at <u>2:28</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>[Address]</u>	
23c. DATE SIGNED <u>11-6-59</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-5-59</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hayti, Rural, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-5-59</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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.

Signed \_\_\_\_\_  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

*No Embalming*  
Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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