

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-007354

FILED VS. MAR 1 1960

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Primary Registration District No. **4348**

Registrar's No.

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wellsville</u>		c. CITY OR TOWN <u>Wellsville</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>211 E. Hudson</u>		d. STREET ADDRESS (If outside, give location) <u>W. Bates St.</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>WILLIE</u> Middle <u>D.</u> Last <u>HUTTS</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>18</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 20, 1872</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>Callaway Co., Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		13a. FATHER'S NAME <u>James W. Barton</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah C. Hulst</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Richard Mabry, Wellsville.</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>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u>
DUE TO (b)		
DUE TO (c)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from Jan 5, 1959 to Feb 18, 1960 and last saw her alive on Feb 17, 1960
 Death occurred at Wellsville Feb 18, 1960 AM stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Willie H. Wells MD.</u>		22b. ADDRESS <u>Wellsville, MO</u>		22c. DATE SIGNED <u>2/20/60</u>
23b. DATE <u>2/20.1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Wellsville, Mo</u>	

24. FUNERAL DIRECTOR <u>K. B. Wells</u>		ADDRESS <u>Wellsville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2/22/1960</u>	26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Howard T Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, M

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.