

**FEDERAL BUREAU OF INVESTIGATION DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS APR 5 1960

**60-011872**  
STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 4348 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wellsville</b>		Length of stay in 1b		c. CITY OR TOWN <b>Wellsville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>203 E. Bates</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>203 E. Bates</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>KEELING BLACKWELL WELLS</b>				4. DATE OF DEATH Month Day Year <b>March 26, 1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>July 25, 1890</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days <b>8 1</b>	IF UNDER 24 HR Hours Min. <b>1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Funeral Director</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Funeral Home</b>		11. BIRTHPLACE (City and state or country) <b>Howard County, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Albert Wells</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Keeling</b>			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) <b>no</b>			16. SOCIAL SECURITY NO. <b>495-40-9150</b>		17. INFORMANT Address <b>Mrs. Geraldine Stearns, Denver Col</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Leukemia acute</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)								
DUE TO (c)								
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		
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 Month, Day, Year a.m. p.m.								
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 <b>Feb 15, 1960</b> to <b>March 26, 1960</b> and last saw him alive on <b>March 26, 1960</b> Death occurred at <b>March 26, 1960 9:30P</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Willie H. Walters</b>				22b. ADDRESS <b>Wellsville Mo.</b>			22c. DATE SIGNED <b>3/28/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/29/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wellsville Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>Wellsville, Mo</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Wells Funeral Home, Wellsville, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>3-29-1960</b>		26. REGISTRAR'S SIGNATURE <b>Laura B Callaway</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1966  
JUN 2

**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 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.