

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 7 1960

-60-038114
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. _____ Registrar's No. 1078B

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HIGHWAY 160		c. CITY OR TOWN ASH GROVE Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 MILES EAST ASH GROVE		d. STREET ADDRESS (If outside, give location) R. F. D. 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DELBERT Middle _____ Last WELLS			4. DATE OF DEATH Month OCT. Day 24 Year 1960			
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12 22 02	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY CARPENTER	11. BIRTHPLACE (City and state or country) GREENE CO. MO.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME FRANK WELLS	13b. MOTHER'S MAIDEN NAME MARY JANE WELLS	14. NAME OF HUSBAND OR WIFE EATHEL WELLS
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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. 500 05 7705	17. INFORMANT Address MRS UEARL WELLS SPFLD. MO. R 3
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head and neck injuries		INTERVAL BETWEEN ONSET AND DEATH
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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) He apparantly was the driver of one car in a two car accident
20c. TIME OF Hour _____ p.m. _____ a.m. Month, Day, Year APPROX 1:00 P.M. 10/24/60		

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.) U.S. Rte. 160	20f. CITY, TOWN, OR LOCATION COUNTY STATE West of Willard, Greene, Missouri
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **approx. 1 00 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph H. Plummer Greene County Coroner	22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 10/28/60
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23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10 28 1960	23c. NAME OF CEMETERY OR CREMATORY ASH GROVE CEMETERY	23d. LOCATION (City, town, or county) (State) ASH GROVE MO.
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24. FUNERAL DIRECTOR ADDRESS J.W. Birch ASH GROVE MO.	25. DATE RECD. BY LOCAL REG. 11-2-60	26. REGISTRAR'S SIGNATURE Effie S. Nelson
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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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Albatt

Licensed Embalmer No. 4652
P. O. Address Isle Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.