

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038965

FILED VS. OCT 31 1960 8 7

Registration District No. 27 Primary Registration District No. 3042 Registrar's No. 198

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE		Length of stay in lb 12 hrs.	c. CITY OR TOWN CHILLICOTHE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 102 LILLY ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MYRTLE Middle LILLIAN Last WELLS			4. DATE OF DEATH Month OCTOBER Day 24 , Year 1960	
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-1886	9. AGE (last birthday) 74	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) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) ONAGA, KANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN KEITH	13b. MOTHER'S MAIDEN NAME MARY ALICE DEEN	14. NAME OF HUSBAND OR WIFE JOSEPH 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. NONE	17. INFORMANT Address Mrs. Edna Marsh; Chula, Missouri
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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) 2° Burns of 50% of Body area Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) clothing caught on fire DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 15 hours
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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 checked="" 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.) clothing caught on fire while cooking - grease caught on fire
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20c. TIME OF INJURY 4:30 Hour Oct 23-60 Month, Day, Year	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.) Home	20f. CITY, TOWN, OR LOCATION Chillicothe	COUNTY Livingston	STATE MO
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21. I attended the deceased from Oct 23-60 to Oct 24-60 and last saw her/him alive on Oct 23-60 Death occurred at 7:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
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21a. SIGNATURE Joseph F. Gale M.D. (Degree or title)	21b. ADDRESS Chillicothe mo	21c. DATE SIGNED 10-25-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-26-60	23c. NAME OF CEMETERY OR CREMATORY WHEELING CEMETERY	23d. LOCATION (City, town, or county) (State) WHEELING, MISSOURI
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24. FUNERAL DIRECTOR NORMAN FUNERAL HOME; Chillicothe, Mo.	ADDRESS Oct 25, 1960	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Annalee Taylor
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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

Elton F. Numa

Licensed Embalmer No. 4030

P. O. Address Chillico

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.