

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038988

LED VS NOV 1 0 1960

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 174

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ten Mile Township</u>		c. CITY OR TOWN <u>R.R. Atlanta</u>		d. STREET ADDRESS (If outside, give location) <u>No</u>	
Length of stay in 1b <u>17 Mon.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		b. COUNTY <u>Macon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Tamera</u>		Middle <u>Kathlene</u>		Last <u>Wells</u>		Month <u>Oct.</u> Day <u>24</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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/26/1959</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		9. AGE (last birthday) <u>1</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
11. BIRTHPLACE (City and state or country) <u>Carlsbad, N.M.</u>		13a. FATHER'S NAME <u>Don Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Barbra Othick</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
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. <u>---</u>		17. INFORMANT <u>Don Wells Atlanta, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Suffocation</u>							
DUE TO (b) <u>Trapped in Burning House</u>							
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 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.)			
20c. TIME OF INJURY <u>11 a.m.</u>		Month, Day, Year <u>Oct. 24, 1960</u>					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>R.R. Atlanta</u>		COUNTY <u>Macon</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:00 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Lester Hutton, Coroner</u>				22b. ADDRESS <u>Macon, Mo.</u>		22c. DATE SIGNED _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 26, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Macon County, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Lester Hutton, Macon, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-1-60</u>		26. REGISTRAR'S SIGNATURE <u>Carl M. Neely</u>	

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 Charles L. Hillon

Licensed Embalmer No. 4577

P. O. Address Macon

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.