URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED 15 NOV 3 1960

-60-039045

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 30

NDED

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Eldon — Length of stay in 1b: years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 202 N. Mill — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Miller
c. CITY OR TOWN: Eldon — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 202 N. Mill — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Harry Middle: Lee Last: Wells
4. DATE OF DEATH: Month: October Day: 27 Year: 1960
5. SEX: Male
6. COLOR OR RACE: Caucasian
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-14-94
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Deisil Mechanic (ret)
10b. KIND OF BUSINESS OR INDUSTRY: Rock Island R. R.
11. BIRTHPLACE (City and state or country): Gravois Mills, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James W. Wells
13b. MOTHER'S MAIDEN NAME: Eliza Boan
14. NAME OF HUSBAND OR WIFE: Jessie Wells
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 708-14-2837
17. INFORMANT: Mrs. Jessie Wells Address: Eldon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Malignant Tumor unclassified

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Pulmonary Metastasis

DUE TO (c): Endarteritis obliterans.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 1960, to Oct 27 1960 and last saw him alive on Oct 27 1960

Death occurred at 11:50 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. O Shelton MD (Degree or title)
22b. ADDRESS: Eldon Mo
22c. DATE SIGNED: Oct 28 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-30-60
23c. NAME OF CEMETERY OR CREMATORY: Eldon
23d. LOCATION (City, town, or county) (State): Eldon Missouri

24. FUNERAL DIRECTOR ADDRESS: Phillips Funeral Home, Eldon, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 30, 1960
26. REGISTRAR'S SIGNATURE: Alverretta Walt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 8 1960

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_____ Signed Don E. Phillips

Signature of Student Embalmer

Licensed Embalmer No. 5108

P. O. Address Elden

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