

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047175

FILED VS DEC 22 1960

301

Primary Registration District No. 60-89

Registrar's No. 84

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Johnson Twp.</u>		Length of stay in 1b <u>1 yr. 3 wks.</u>		c. CITY OR TOWN <u>Fairdealng Route 1.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 Mi. N.E. of Doniphan</u>				d. STREET ADDRESS (If outside, give location) <u>1 1/2 Mi. N.E. of Doniphan, Mo.</u>				
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clara Garnett Wells.</u>				4. DATE OF DEATH Month Day Year <u>Dec. 4, 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>Nov. 14, 1959.</u>		
9. AGE (last birthday) <u>1.</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Never worked.</u>		11. BIRTHPLACE (City and state or country) <u>Doniphan, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>Roy Wells.</u>			13b. MOTHER'S MAIDEN NAME <u>Margarette Hewitt.</u>			14. NAME OF HUSBAND OR WIFE <u>Never married.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT Address <u>Mrs. Roy Wells, Fairdealng, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolus.</u> DUE TO (b) <u>Congenital heart defect.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>1 hour.</u> <u>since birth.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition when in PART I (a) <u>Heart Surgery last summer.</u>						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 <u>April 1960</u> to <u>Dec 4, 1960</u> and last saw her ^{her} _{him} alive on <u>Nov 15, 1960</u> Death occurred at <u>3:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Frank Johnson, M.D.</u>				22b. ADDRESS <u>Doniphan, Mo.</u>			22c. DATE SIGNED <u>12/6/60.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>Dec. 6, 1960.</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Ray Meaus, Doniphan, Missouri.</u>				25. DATE RECD. BY LOCAL REG. <u>12-15-60</u>		26. REGISTRAR'S SIGNATURE <u>Flava Broz.</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 Ray Mearns

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.