

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002608

STATE FILE NUMBER

AMENDED

Registration District No. 292 Primary Registration District No. Registrar's No.

FILED VS FEB 15 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Ralls.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ralls.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jasper Township.</u>		c. CITY OR TOWN <u>R.F.D. Perry, Mo.</u>	
Length of stay in 1b <u>59 Yrs.</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>R.F.D. Perry, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>Jasper Township.</u>	
3. NAME OF DECEASED (Type or print) First <u>EMERY</u> Middle <u>M.</u> Last <u>WELLS.</u>		4. DATE OF DEATH Month <u>February</u> Day <u>8,</u> Year <u>1961</u>	
5. SEX <u>Male</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>1-31-1902</u>
9. AGE (last birthday) <u>59</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (City and state or country) <u>Ralls County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Wells.</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Menke.</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>Cleo Wells. Perry, Mo.</u>	
17. INFORMANT <u>Cleo Wells. Perry, Mo.</u>		Address	
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>Gunshot Wound in Chest.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Suicide.</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"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot self in chest with 12 Gauge</u>	
20c. TIME OF INJURY Hour <u>2-8-61</u> a.m. p.m.	Month, Day, Year <u>self loading shotgun.</u>		
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>Home.</u>	20f. CITY, TOWN, OR LOCATION <u>Jasper Township. Ralls Co, Mo.</u>	
21. I attended the deceased from <u>Ne Medical Attention.</u> and last saw her <u>him</u> alive on _____ Death occurred at <u>about 2:00P.M. 2-8-61</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clyde E. Wierzy</u> (Degree or title) <u>Coroner.</u>		22b. ADDRESS <u>Ralls County. Perry, Mo.</u>	22c. DATE SIGNED <u>2-10-61</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Butial</u>	23b. DATE <u>2-12-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ralls Co, Mo.</u>
24. FUNERAL DIRECTOR <u>Clyde E. Wierzy</u>	ADDRESS <u>Perry, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-10-1961</u>	26. REGISTRAR'S SIGNATURE <u>Clyde E. Wierzy</u>

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision: ☒ ☐

Student _____
Signature of Student Embalmer

Signed: _____

Licensed Embalmer No. 3820.

P.O. Address Perry, Missouri.

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.