

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE
STANDARD CERTIFICATE OF DEATH-61-037988
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 319

AMENDED

FILED OCT 23 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, give TOWNSHIP only) Sedalia		Length of stay in 1b 5 years	c. CITY OR TOWN Green Ridge		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buena Vista Home		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS Green Ridge		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) MAGGIE MAY WELLS			4. DATE OF DEATH Month October Day 12 Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 12/21/1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Morley		13b. MOTHER'S MAIDEN NAME Fannie Beason		14. NAME OF HUSBAND OR WIFE Oliver R. Wells, deceased	
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. None		17. INFORMANT Address Mrs. Opal Wimer, Lamonte, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive gangrene of lower extremities DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
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 Approx. 1957 to Oct., 1961 and last saw her alive on 10-8-61 Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul B. Gonser MD		22b. ADDRESS 101 1/2 S. Ohio Sedalia Mo.		22c. DATE SIGNED 10/13/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/14/1961	23c. NAME OF CEMETERY OR CREMATORY Hickory Point Cemetery		23d. LOCATION (City, town, or county) Pettis County, Missouri	
24. FUNERAL DIRECTOR Alvany Ewing		ADDRESS Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. 10-16-1961	26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.