

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019836

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 203

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 28 1962

1. PLACE OF DEATH
 a. COUNTY Pettis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia Length of stay in lb 21 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Pettis
 c. CITY OR TOWN Sedalia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Buena Vista Nursing Home Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Allis Middle May Last Wells 4. DATE OF DEATH Month May Day 19 Year 1962

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-1-1875 9. AGE (last birthday) 87 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Cooper County, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME James S. Wells 13b. MOTHER'S MAIDEN NAME Laura Merideth 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Harold Marti Windsor Mo. 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) Malnutrition following hip fracture, left.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Also Senility 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.) Fell down when she was startled out of sleep.

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 4-23-62 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.) Buena Vista Home 20f. CITY, TOWN, OR LOCATION Sedalia COUNTY Pettis STATE Missouri

21. I attended the deceased from 4-23-58 to _____ and last saw her alive on 5-18-62
 Death occurred at 3:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or print) Harold B. Gower MD 22b. ADDRESS 101 1/2 S. Ohio Sedalia, Mo. 22c. DATE SIGNED 5-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-21-62 23c. NAME OF CEMETERY OR CREMATORY Crown Hill 23d. LOCATION (City, town, or county) (State) Sedalia Mo.

24. FUNERAL DIRECTOR Ellis M. Huston ADDRESS Windsor Mo. 25. DATE RECD. BY LOCAL REG. 5-22-62 26. REGISTRAR'S SIGNATURE W. Anderson Deputy

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 5 1962

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 Ellis M. Houston

Licensed Embalmer No. 3391

P. O. Address Windsor Mo.

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.

No permits issued