

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026843

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 171

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

<b>FILED JUL 23 1962</b>		1. <b>PLACE OF DEATH</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Henry</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Clinton</b>		Length of stay in 1b <b>3 yrs</b>		c. CITY OR TOWN <b>Clinton</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1103 S. Main</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1103 S. Main</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. <b>NAME OF DECEASED</b> (Type or print) <b>William Hale Wells</b>			4. <b>DATE OF DEATH</b> <b>July 19, 1962</b>		
5. <b>SEX</b> <b>Male</b>		6. <b>COLOR OR RACE</b> <b>White</b>		7. <b>Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	
8. <b>DATE OF BIRTH</b> <b>3/3/78</b>		9. <b>AGE</b> (last birthday) <b>84</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Railroad CBQ</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <b>Electrical</b>		11. <b>BIRTHPLACE</b> (City and state or country) <b>Henry Co., Mo.</b>	
12. <b>CITIZEN OF WHAT COUNTRY</b> <b>USA</b>		13a. <b>FATHER'S NAME</b> <b>David Wells</b>		14. <b>NAME OF HUSBAND OR WIFE</b> <b>Grace Wells</b>	
13b. <b>MOTHER'S MAIDEN NAME</b> <b>Margaret Titsworth</b>		14. <b>NAME OF HUSBAND OR WIFE</b> <b>Grace Wells</b>		15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. <b>SOCIAL SECURITY NO.</b> <b>None</b>		17. <b>INFORMANT</b> <b>Grace Wells</b>		18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).) <b>Myocarditis acute</b>	
PART I. <b>DEATH WAS CAUSED BY:</b>		IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <b>Diabetes</b>				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. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year					
20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. <b>CITY, TOWN, OR LOCATION</b> COUNTY STATE	
21. I attended the deceased from <u>1958</u> to <u>July 19, 1962</u> and last saw her <u>19 July 1962</u> alive on <u>19 July 1962</u>		Death occurred at <u>1 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. <b>SIGNATURE</b> (Degree or title) <b>Hugh B Walker, MD</b>		22b. <b>ADDRESS</b> <b>Clinton, Mo</b>		22c. <b>DATE SIGNED</b> <b>19 July 62</b>	
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		23b. <b>DATE</b> <b>July 20, 62</b>		23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Berwyn, Illinois</b>	
23d. <b>LOCATION</b> (City, town, or county) <b>Via Rail</b>		23e. <b>DATE RECD. BY LOCAL REG.</b> <b>July 19, 1962</b>		23f. <b>REGISTRAR'S SIGNATURE</b> <b>Hildred Bigum</b>	
24. <b>FUNERAL DIRECTOR</b> <b>Consalus</b>		24. <b>FUNERAL DIRECTOR</b> <b>Clinton, Mo.</b>		24. <b>FUNERAL DIRECTOR</b> <b>Clinton, Mo.</b>	

AUG 1 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 Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Revised Burial 7-19-52 W.B. J.N.