

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1950

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Hannibal</u>	<u>0604</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 Willow St.</u>		d. STREET ADDRESS (If rural, give location) <u>506 Willow 0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>A</u> c. (Last) <u>Wells</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6/20/1868</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months	11. UNDER 1 WKA. Hours	12. UNDER 1 WKA. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Reno, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John H. Wells</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>Frank M. Wells</u>
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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. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chester Turner</u>	ADDRESS <u>Hannibal</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Nephritis</u> DUE TO (c)		<u>3 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>593X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 10, 1950 to Mar 15, 1950, that I last saw the deceased alive on Mar 17, 1950, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edwin R. Miller M.D.</u>	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>3-21-50</u>
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24a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>3/18/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-10-50</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Luckert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>	ADDRESS <u>Hannibal</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 15 1950
MARION CO. HEALTH DEPT.
DATE FILED APR 18 1950

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
Student Embalmer

Signed Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Humboldt, 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 this body is not embalmed, fact should be so stated above.