

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22331

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN or Highway 63 Sheriff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Houston	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3		d. STREET ADDRESS (If rural, give location) 000	

3. NAME OF DECEASED (Type or Print)	a. (First) RACHEL	b. (Middle) FRANCES	c. (Last) WELLS	4. DATE OF DEATH (Month) (Day) (Year) May 17 1949
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Jan 8 1919	9. AGE (In years last birthday) 30	10. MONTHS 8	11. DAYS 9	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty operator	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cameron MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Sterling Smith	13b. MOTHER'S MAIDEN NAME Sylvia Wyckoff	14. NAME OF HUSBAND OR WIFE Dorsey R. wells
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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.	17. INFORMANT'S SIGNATURE OR NAME Sylvia Smith	18. ADDRESS Houston MO
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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) Car wreck		INTERVAL BETWEEN ONSET AND DEATH none 88/66 26
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Crushed Skull		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) Throat cut		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 63 n. of Aickin	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Texas MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) May 17 1949 3:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Head on collision - 107
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gaylord D. Elliott Coroner	23b. ADDRESS Cabool MO	23c. DATE SIGNED May 18 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20-49	24c. NAME OF CEMETERY OR CREMATORY O Zark Cemetery	24d. LOCATION (City, town, or county) (State) Texas Co. MO
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DATE RECD BY LOCAL REG June 4, 1949	REGISTRAR'S SIGNATURE Mrs. E. Inara Hesse 324	25. FUNERAL DIRECTOR'S SIGNATURE Gaylord D. Elliott	ADDRESS Cabool MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

07
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07

Rec'd
6/20
9:3

JUN 17 1949

RECEIVED 6/27/49
District Health Office No. 6,
District File Number ~~649~~ 464
Date Filed 6/29/49

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.

Signed Frank E. Hood

Signed _____
Student Embalmer

Licensed Embalmer No. 4026

P. O. Address Houston, 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.

JUL 6

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