

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36218

State File No. _____

FILED DEC 1 1949

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Mexico</u>)	c. LENGTH OF STAY (in this place) <u>4 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUTH</u>	b. (Middle) <u>MARIE</u>	c. (Last) <u>WELLS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 23, 1909</u>
9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
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 <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Clear Springs, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lee Wagner</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>J.C. Wells</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>356-12-4446</u>	17. INFORMANT'S SIGNATURE AND NAME <u>Dorothy Crollay</u> ADDRESS <u>220 W. Liberty Mexico, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of brain & shock injuries</u>		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>on highway 54. Near Martinsburg Mo.</u> DUE TO (c) <u>bleeding died in Audrain Co. Hospital at Mexico. Mo. died with out gaining consciousness</u>		
II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death. <u>gaining consciousness</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>Diagnosed by R. S. Williams M.D. in Hospital</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Man Slaughter Highway</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 54</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Martinsburg Audrain Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 20 1949 12:21 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>In Automobile wreck</u> <u>Col. D. H. 1/8 8/16/6 21</u>

22. I hereby certify that I attended the deceased from Inquest and jury 19, that I last saw the deceased lived, 11 20, 1949 and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Adams M.D. Corona Mexico, Mo.</u> (Degree or Title)	23b. ADDRESS _____	23c. DATE SIGNED <u>11-20-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 20, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo. #</u>
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DATE REC'D BY LOCAL REG. <u>Nov 23-1949</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS <u>Mexico, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
1
2

DEC 5 1949

RECEIVED NOV 28 1949
District Health Officer No. 10
District File Number *11-49-1996*
NOV 28 1949
Doc Filed

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

Ralph L. Huertgen

Licensed Embalmer No. *4687*

P. O. Address *Mexico, 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.