

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36524**
Registrar's No. **275**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

14
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON	c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL		d. STREET ADDRESS (If rural, give location) 803 GAAND	

3. NAME OF DECEASED (Type or Print) WILDA	a. (First)	b. (Middle)	c. (Last) WELLS	4. DATE OF DEATH (Month) (Day) (Year) OCT 10 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 19 1883	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 4 Days 21	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Edward English	13b. MOTHER'S MAIDEN NAME Betty Wilson	14. NAME OF HUSBAND OR WIFE Harris 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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Francis English	ADDRESS Fulton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach with metastases to lymph glands & lungs.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			170X

19a. DATE OF OPERATION 9/26/46	19b. MAJOR FINDINGS OF OPERATION scarred stomach with metastatic glands in it as well.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **9/10, 1946**, to **11/10, 1949**, that I last saw the deceased alive on **11/10, 1949**, and that death occurred at **3:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Nancy Duntford (Degree or title) 0	23b. ADDRESS Fulton, Mo.	23c. DATE SIGNED 11/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/13/1949	24c. NAME OF CEMETERY OR CREMATORY Academy	24d. LOCATION (City, town, or county) (State) Academy, Mo.
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DATE REC'D BY LOCAL REG. Nov 14-1949	REGISTRAR'S SIGNATURE Maretha Lawrence 426	25. FUNERAL DIRECTOR'S SIGNATURE Allen Y. Morgan	ADDRESS Fulton, Mo.
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District File Number _____
District Health Officer No. 9,
NOV 15 1949
RECEIVED

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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.