

FILED AUG 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23803

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 107 S. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Cune Brooks			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Wells	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 7-27-50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 24, 1885	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant	10b. KIND OF BUSINESS OR INDUSTRY Restaurant Opr.	11. BIRTHPLACE (State or foreign country) Aurora Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Louis E. Wells
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Louis E. Wells, Carthage, Mo.	ADDRESS
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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) <i>Carcinoma, breast</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>
	ANTECEDENT CAUSES Morbidity 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. <i>170A</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Radical mastectomy, Carcinoma breast</i>	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 Feb 14, 1950, to July 24, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 12:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Harold H. Birmer</i> (Degree or title) M.D.	23b. ADDRESS Carthage Mo	23c. DATE SIGNED July 29, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-28-50	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
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DATE REC'D BY LOCAL REG. 7/27/50	REGISTRAR'S SIGNATURE <i>L. B. Clinton</i> 139	25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home, Carthage, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-31-50

Jasper County Health Office

County File Number 50-7-555

Date Filed 7-31-50

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.