

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29357

FILED OCT 9 1950

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 68

0051

0051

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

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>	c. LENGTH OF STAY (in this place) <u>32 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barton County's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1105 Mill St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u>	b. (Middle) <u>May</u>	c. (Last) <u>Wells</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 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>Married</u>	8. DATE OF BIRTH <u>Jan. 7, 1884</u>	9. AGE (in years) (last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours 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 <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Hiatt</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Campbell</u>	14. NAME OF HUSBAND OR WIFE <u>James L. 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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. J. L. Wells, Lamar, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	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.			<u>331A</u>

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)	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 7/24 1950 to 9/26 1950 that I last saw the deceased alive on 9/26 1950, and that death occurred at 11:10 AM from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Crew</u>	(Degree or title) <u>V. D.</u>	23b. ADDRESS <u>Lamar Mo.</u>	23c. DATE SIGNED <u>9/28/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamar Missouri</u>
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DATE REC'D BY LOCAL REG. <u>SEP 28 1950</u>	REGISTRAR'S SIGNATURE <u>Marie Konstant</u>	14	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence W. Child</u>	ADDRESS <u>Lamar Mo.</u>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 2 1950

Dist. File 1050-2034

Date Filed 10-20-50

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Clarence H. Chiles.....

Licensed Embalmer No. 3473.....

P. O. Address Samuel 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.