

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43289

State File No.

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| BIRTH NO. | | REG. DIST. NO. <u>333</u> | | PRIMARY REG. DIST. NO. <u>8074</u> | | Registrar's No. <u>12</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> | | c. LENGTH OF STAY (In this place) <u>1 day</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u> | | 10-2 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>306 Main St.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Glenn</u> b. (Middle) <u>-</u> c. (Last) <u>Wells</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1950</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Jan. 13, 1905</u> | |
| 9. AGE (In years, last birthday) <u>45</u> | | 10. UNDER 1 YEAR Months <u>10</u> Days <u>16</u> | | 11. UNDER 1 MIN. Hours <u>16</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Merchandise</u> | | 11. BIRTHPLACE (State or foreign country) <u>Advance, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>George W. Wells</u> | | 13b. MOTHER'S MAIDEN NAME <u>Silda Moore</u> | | 13c. NAME OF HUSBAND OR WIFE <u>Beulah Abernathy Wells</u> | | 14. ADDRESS <u>Sikeston, Mo.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>489-05-894</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Beulah Wells</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u> 21. DATE OF OPERATION 22. MAJOR FINDINGS OF OPERATION 23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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) | | 21d. HOW DID INJURY OCCUR? | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>11-23</u> , 19 <u>50</u> , to <u>11-29</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-29</u> , 19 <u>50</u> , and that death occurred at <u>11:20 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. M. Jarno</u> | | | | 23b. ADDRESS <u>Advance, Mo.</u> | | 23c. DATE SIGNED <u>12-13-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> | | 24b. DATE <u>12/1/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Advance, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan. 10, 51</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd S. Morgan</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

William H. Morgan

working under my personal supervision.

Student Embalmer No. _____

Signed _____

William H. Morgan

Signed _____
Student Embalmer

Licensed Embalmer No. *46407*

P. O. Address *Adams, 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.