

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1097

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3084</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. LENGTH OF STAY (If in this place) <u>13 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette Rural (Boonslick)</u>		d. STREET ADDRESS (If rural, give location) <u>9 miles west of Fayette</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Louis</u> c. (Last) <u>Wells</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>			
8. DATE OF BIRTH <u>Dec. 2, 1880</u>		9. AGE (If years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Wells</u>		13b. MOTHER'S MATTEN NAME <u>Ellen M^{rs} Gowin</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Romie Sustain</u> ADDRESS <u>Fayette Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensation</u> ANTECEDENT CAUSES <u>with Pulmonary edema</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4343			
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) <u>Fayette</u> <u>Howard</u> <u>Mo.</u>		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?		22. I hereby certify that I attended the deceased from <u>1-8</u> 19 <u>52</u> , to <u>1-8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-8</u> , 19 <u>52</u> , and that death occurred at <u>3:00</u> p.m., from the causes and on the date stated above.		23a. SIGNATURE <u>W. Bloom M.D.</u> (Degree or title)			
23b. ADDRESS <u>Fayette Mo</u>		23c. DATE SIGNED <u>1-11-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 10, 1952</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Boonshoro</u>		24d. LOCATION (City, town, or county) (State) <u>Boonshoro</u> <u>Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-11-52</u>		REGISTRAR'S SIGNATURE <u>Mary A. Shell</u>			
436		FUNERAL DIRECTOR'S SIGNATURE <u>Shell Cuddey - Hiemuth</u>		ADDRESS <u>Glasgow Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

3451
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RECEIVED JAN 15 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 15 1952

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 _____

Elw Guernon

Signed.....
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow, Pa.

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.