

STANDARD CERTIFICATE OF DEATH

State File No.

21616

BIRTH: JUN 29 1952		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 3058	Registrar's No. 116
1. PLACE OF DEATH a. COUNTY ST CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CAMPBELL		
b. CITY (If outside corporate limits, write RURAL and give township) ST CHARLES		c. CITY (If outside corporate limits, write RURAL and give township) Malden		
c. LENGTH OF STAY (In this place) 4 mo.		d. STREET ADDRESS (If rural, give location) 306 East Main		
d. FULL NAME OF HOSPITAL OR INSTITUTION 117 JEFFERSON ST				
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) F		c. (Last) WELLS
4. DATE OF DEATH (Month) (Day) (Year) June 16 1952				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3-16-1878	9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) unknown	12. CITIZEN OF WHAT COUNTRY? unknown
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE William Wells
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 ADDRESS Mrs. S. Leiggig, St. Charles, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gen. Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 2 mo
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma (site undetermined)		1 yr.
		DUE TO (c) Gen. arterio Sclerosis		10 yrs.
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION Exploratory Laparotomy & Biopsy (carcinoma)				
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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1998		
22. I hereby certify that I attended the deceased from 4-15-1952 to 6-16-1952 , that I last saw the deceased alive on 6-16-1952 , and that death occurred at 9:25 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) R. Kudice M.D.		23b. ADDRESS 126 S. Main St.		23c. DATE SIGNED 6/16/52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 6-17-52	24c. NAME OF CEMETERY OR CREMATORY Malden Cemetery	24d. LOCATION (City, town, or county) (State) Malden, Mo.	
DATE REC'D BY LOCAL REG. 6-16-52	REGISTRAR'S SIGNATURE Frank Shultz	25. FUNERAL DIRECTOR'S SIGNATURE Day		ADDRESS Malden, Mo.

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ronald Galbreath

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.