No. 300
10.48

AUG 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28657

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTOWN
c. LENGTH OF STAY (In this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEWISTOWN 0560
d. STREET ADDRESS (If rural, give location): _____

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): ALANSON
c. (Last): WELLS

4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 1, 1865
9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months 11 Days 8
IF UNDER 24 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): WILLIAMSTOWN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ALANSON WELLS
13b. MOTHER'S MAIDEN NAME: LUCINDA CULL
14. NAME OF HUSBAND OR WIFE: TABITHA WELLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): XXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: BILL WELLS ADDRESS: LEWISTOWN MISSOURI

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) Inanition + Dehydration — Interval: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Intestinal Hemorrhage — Interval: 21 days

DUE TO (c) Idiopathic Causes.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Hospitalization Refused)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 578X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~Aug~~ July 5, 1952, *to* Aug 9, 1952, *that I last saw the deceased alive on* July 5, 1952, *and that death occurred at* about 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W Wells (Degree or title) D.O.
23b. ADDRESS: Lewistown, Mo.
23c. DATE SIGNED: 12 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: WILLIAMSTOWN
24d. LOCATION (City, town, or county) (State): WILLIAMSTOWN, MISSOURI

DATE REC'D BY LOCAL REG.: 8-14-52
REGISTRAR'S SIGNATURE: P. W. Jennings M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Charles L. Ranoff Sr.
ADDRESS: LEWISTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 27 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 Charles L. Ronald, Sr.

Signed.....
Student Embalmer

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.