

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

41444

State File No. ....

**FILED DEC 23 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	
c. LENGTH OF STAY (in this place) <u>12hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>103 N. Missouri Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANCIS</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>WELLS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1952</u>
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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>June 16, 1935</u>	9. AGE (In years by birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Power &amp; Light</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Clarence E. Wells</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Clara 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) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-24-7778</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Wells, Mexico, Mo.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest by Jury accident caused by</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Electric light Pole breaking and falling</u> DUE TO (c) <u>On deceased crushing chest and breaking ribs, clavical and scapula also Pelvic.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ribs, clavical and scapula also Pelvic.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Shock causing Death. E 936 5 139 8</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Audrain Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-17-52 9:30am</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Defective Light Pole Falling</u>
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22. I hereby certify that I attended the deceased from Inquest with Jury, 1952, that I last saw the deceased Dec 17, 1952, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. C. Adams, M.D. Coronar Mexico Mo.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>12-18-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 20, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 19-1952</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely 9-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tarl E. Sheld</u>	ADDRESS <u>, Mexico, Mo.</u>
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(License of Embalmer's Statement on Reverse Side)

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

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JAN 22 1950

NOV 10 1950

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Emil E. Puch

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.