

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 893

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>		
b. CITY OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (If this place) <u>7 hrs</u>	c. CITY OR TOWN <u>Harrisonville Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0350</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Memorial Hosp</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>George M</u> b. (Middle) <u>Wells</u> c. (Last) <u>Wells</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28-1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 1-1894</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Real Estate Insurance</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett Mo. R-1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James W. Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Princy Dunwoon</u>		14. NAME OF HUSBAND OR WIFE <u>Duncan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>1st World War</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Patricia E. Paulson, Harrisonville</u> ADDRESS		
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lungs with metastases</u>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) _____				
	DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>163x</u>				20. 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. 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>27 Jan, 1953</u> , to <u>28 Jan 1953</u> , that I last saw the deceased alive on <u>27 Jan, 1953</u> and that death occurred at <u>2:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>James B. Colyer M.D.</u> (Degree or title)			23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>Jan 29-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Homer Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 29-53</u>	REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leota Service</u>	ADDRESS <u>Kennett, Mo.</u>	

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

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 1-53-30
COUNTY FILE NUMBER 153-28

FEB 19 1953

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.....

Licensed Embalmer No.....

P. O. Address.....

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.