

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7043

State File No. \_\_\_\_\_

FILED MAR 10 1953

REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 1908 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holland</u> c. LENGTH OF STAY (If in place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Holland Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Holland Mich.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>August</u> c. (Last) <u>Wells</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-4-53</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-4-53</u>	9. AGE (In years last birthday) <u>0</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>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Clifford Augustell</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Womert</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>H.P. Womert Steel Mo Rt 3</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>prolonged hard labor</u>		
	DUE TO (c) _____		
19. MAJOR FINDINGS OF OPERATION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7600</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 2/4/53, 1953, to 2/4/53, 1953, that I last saw the deceased alive on 2/4/53, 1953, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. M. Daniel</u> (Degree or title)		23b. ADDRESS <u>Bornersville Mo</u>		23c. DATE SIGNED <u>2/8/53</u>	
24a. POSTAL CREMATION REMOVAL (Specify)		24b. DATE <u>2-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele MO</u>		DATE REC'D BY LOCAL REG. <u>2-4-53</u>		REGISTRAR'S SIGNATURE <u>Dr. M. Daniel</u>	
5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>German Trust Co Steele Mo</u>					

3-84-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

MAR 7 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 not embalmed  
working under my personal supervision. Student Embalmer No. ....

Signed.....  
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.