

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10672

State File No.

FILED MAR 30 1953

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. B706 Registrar's No. 335

0670
3

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

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt (rural)		c. LENGTH OF STAY (in this place) 5 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 60, 3 miles from Wyatt		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt (Rural) 0670	
f. STREET ADDRESS General Delivery		g. (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) (Dickson) c. (Last) Wells			4. DATE OF DEATH (Month) (Day) (Year) March 21, 1953
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1926
9. AGE (In years last birthday) 26		10. IF UNDER 1 YEAR Months 3	11. IF UNDER 12 HRS. Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cairo, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Vinson Wells	
13b. MOTHER'S MAIDEN NAME Daisy May		14. NAME OF HUSBAND OR WIFE Gladys 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.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vinson Wells, Gen. Del. Wyatt, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Beat to death on head by unknown object and DUE TO (c) unknown person at time of death or when body was found.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E 983 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 60 highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Miss. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-21-53 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? By unknown person at time of death for when body was found			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 9:00 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. S. Shelby, 3rd		23b. ADDRESS East Prairie, Mo.	
23c. DATE SIGNED 3-23-53		23d. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23e. BURIAL, CREMATION, REMOVAL (Specify) Burial		23f. LOCATION (City, town, or county) (State) Charleston, Missouri	
24a. DATE REC'D BY LOCAL REG. 3-20-53		24b. REGISTRAR'S SIGNATURE Dean ...	
24c. FUNERAL DIRECTOR'S SIGNATURE F. D. Sparks		24d. ADDRESS Charleston, Mo.	

MAR 26 REC'D

RECEIVED

Miss. Co. Health Dept

County File No.

Date Filed MAR 27 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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Not Embalmed*

Signed.....
Student Embalmer

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.