

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

State File No. **29596**

FILED **SEP 1 - 1953** REG. DIST. NO. **279** PRIMARY REG. DIST. NO. **2956** Registrar's No. **8**

820  
1

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

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Paynesville</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Paynesville</b>	OR TOWN <b>0 820</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)		a. (First) <b>SUSANNA</b>		b. (Middle) <b>FATON</b>		c. (Last) <b>WELLS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 19 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	<b>Married</b>	8. DATE OF BIRTH <b>Sept 15 - 88</b>		9. AGE (In years last birthday)	64	10 UNDER 18 Months	11 UNDER 18 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY			
<b>Invalid</b>		<b>Invalid</b>		<b>Paynesville MO</b>		<b>0</b>		<b>USA</b>	

13a. FATHER'S NAME <b>Joe Patton</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Fielder</b>		14. NAME OF HUSBAND OR WIFE <b>Robert Wells</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W.A. Wells</b>	
				ADDRESS <b>Paynesville MO</b>	

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)		<b>Arteriosclerosis.</b>		<b>3 years</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		<b>Mitral Insufficiency -</b>			
Conditions contributing to the death but not related to the disease or condition causing death.		<b>Arthritis Deformans.</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				<b>4500</b>	
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)	
				<b>Paynesville MO</b>	

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 <b>8-1</b> , 19 <b>50</b> , to <b>Aug. 19th</b> , 19 <b>53</b> ; that I last saw the deceased alive on <b>Aug 19th</b> , 19 <b>53</b> , and that death occurred at <b>7 P. m.</b> , from the causes and on the date stated above.					

23a. SIGNATURE <b>A. D. Gues</b>		23b. ADDRESS <b>Paynesville, MO</b>		23c. DATE SIGNED <b>8/20/53</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8-21-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>Clarksville</b>	

DATE REC'D BY LOCAL REG. <b>8-25-53</b>		REGISTRAR'S SIGNATURE <b>Duda Richard</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Nancy Blawie</b>		ADDRESS <b>Clarksville MO</b>	

SEP 22 1959

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

*Geo. M. Callier*

Licensed Embalmer No.

*3839*

P. O. Address

*Louisiana, 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.