

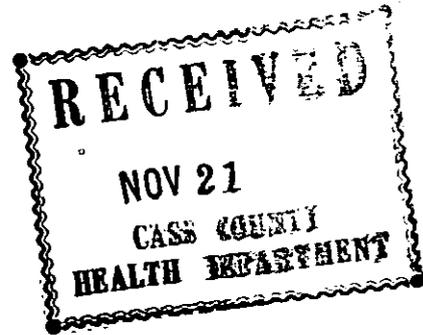
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38501****38501****170**

BIRTH NO.		REG. DIST. NO. 59	PRIMARY REG. DIST. NO. 5230	Registrar's No. 170
1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Raymore)		c. LENGTH OF STAY (In this place) 19 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Raymore 0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile So. 1 mile W. Belton		d. STREET ADDRESS (If rural, give location) 1 mile S. 1 mile W. of Belton		
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth		b. (Middle) M.	c. (Last) Wells	4. DATE OF DEATH (Month) (Day) (Year) 11 19 53
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-18-70	9. AGE (In years last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Jackson Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nicholas McPherson		13b. MOTHER'S MAIDEN NAME Jennie Rhodes	14. NAME OF HUSBAND OR WIFE William H. 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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Allen Mullen, Belton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, LEFT PELVIC AREA, WITH EXTENSIVE LEFT GROIN LOCAL METASTASIS DUE TO (b) LOCAL METASTASIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. POLYARTHRITIS DEFORMANS		INTERVAL BETWEEN ONSET AND DEATH 1 YEAR 7 YRS.
19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION (LESION INOPERABLE ON DETECTION)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE - HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BELTON, CASS, MISSOURI	
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 JUNE 15, 1953 , to Nov. 19, 1953 , that I last saw the deceased alive on Nov. 19, 1953 , and that death occurred at 1:40 A. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Herbert A. Tracy, M.D.		23b. ADDRESS BELTON, Mo.		23c. DATE SIGNED 11-19-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-20-53	24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	24d. LOCATION (City, town, or county) (State) Belton, Missouri
DATE REC'D BY LOCAL REG. 11-20-53		REGISTRAR'S SIGNATURE Dora Barward		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. George & Sons Inc, Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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



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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Beeton, 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.