

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44903

State File No.

FILED DEC 23 1953

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6169 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Stone Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Rural Lagan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lagan</u> <u>1040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Galena Star 89</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Billy</u>	b. (Middle) <u>Ray</u>	c. (Last) <u>Wells</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2, 1953</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>w/h</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>24 Nov. 1923</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. <u>16 days</u>
11. BIRTHPLACE (State or foreign country) <u>Stone Co. mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Silas Wells</u>		13b. MOTHER'S MARYDEN NAME <u>Betty Curbaugh</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Silas Wells - Galena mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spasmodic Cramp</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Convulsions due to Acid Stomach</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>774X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>12/1</u> , 19 <u>53</u> , to <u>12/1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 1</u> , 19 <u>53</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>L.S. Shumate M.D.</u> (Degree or title)		23b. ADDRESS <u>Reeds Spring mo</u>	
23c. DATE SIGNED <u>12/6/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>Dec 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galena Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Galena mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Emmett J. Cheatham Galena</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 1 - 53</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Broscious</u> <u>317-1</u>	

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

1040

per Lena Murray (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elliott J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.