

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2011**

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4304 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ludlow,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ludlow,</u>	
c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0-290</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sarah</u>	b. (Middle) <u>Lauella</u>	c. (Last) <u>Wells</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Jan. 23, 1954</u>

5. SEX <u>Fe</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 6, 1877</u>	9. AGE (In years last birthday) <u>77 yrs</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Alabama</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Preston</u>	13b. MOTHER'S MAIDEN NAME <u>Racheal McCarty</u>	14. NAME OF HUSBAND OR WIFE <u>Edgar Wells</u>
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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 <u>Edgar Wells, Ludlow, Mo</u>	ADDRESS <u>Ludlow, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary cardiac arrest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Embolus from thrombus, rt. leg.</u>		<u>immediate</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombus, rt. leg.</u>			<u>2 months</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 19 1954, to Jan 19 1954, that I last saw the deceased alive on Jan 20 1954, and that death occurred at 3:10 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Charles M. Grace</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>1-24-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monroe Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ludlow, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 25 1954</u>	REGISTRAR'S SIGNATURE <u>Gertie L. Lewis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Head</u>	ADDRESS <u>Mead's Funeral Service Braymer, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
90

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

Signature



Licensed Embalmer No. _____

2801

P. O. Address Braymer, 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.