

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12717

State File No.

FILED APR 29 1954

BIRTH NO. 23930-54 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 18

0640

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <u>Missouri</u> COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>	
c. LENGTH OF STAY (in this place) <u>15 days</u>		d. STREET ADDRESS (If rural, give location) <u>1009 Sloan Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1009 Sloan Street</u>		e. STREET ADDRESS (If rural, give location) <u>1009 Sloan Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Timothy</u> b. (Middle) <u>Lee</u> c. (Last) <u>Wellman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>April 9, 1954</u>		9. AGE (In years last birthday) <u>15</u>		10. IF UNDER 1 YEAR Months <u>15</u> Days <u>0</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lawrence Wellman</u>		13b. MOTHER'S MAIDEN NAME <u>Leola Couch</u>	
13c. NAME OF HUSBAND OR WIFE <u>Infant</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Wellman, Palmyra, Mo.</u>		ADDRESS <u>Palmyra, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Unknown</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
		DUE TO (c) <u>Child died without Med. attention</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Child died without Med. attention</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Lucke, M.D., Registrar</u> (Degree or title)		23b. ADDRESS <u>Hannibal - Mo</u>		23c. DATE SIGNED <u>4-26-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Palmyra, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Brown</u>		ADDRESS <u>Palmyra, Mo.</u>	

DATE REC'D BY LOCAL REG. 4/27/54 REGISTRAR'S SIGNATURE E. M. Lucke

189-0 (Licensed Embalmer's Statement on Reverse Side)

APR 26 1934

RECEIVED

MARION CO. HEALTH DEPT

DATE FILED APR 26 1934

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 Leopold Lewis

Licensed Embalmer No. 2382

P. O. Address Palmyra 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.