

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36897

State File No.

FILED DEC 7 1954

BIRTH NO. 76911-54 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 319

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>925 W. McCarty St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Connie</u> b. (Middle) <u>May</u> c. (Last) <u>Wells</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26-1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Nov. 23-1954</u>
9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR: Months <u>—</u> Days <u>3</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Bernard John Wells</u>	13b. MOTHER'S MAIDEN NAME <u>Patey Ruth Laughlin</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bernard J. Wells</u> ADDRESS <u>925 W. McCarty Jefferson City, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sclerosis neonatorum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2.6 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intra-cranial congestion</u> DUE TO (c) <u>cerebral edema due to birth trauma.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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 Nov. 24, 1954, to Nov. 26, 1954, that I last saw the deceased alive on Nov. 26, 1954, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John D. Bennett, M.D.</u>	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>11-26-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 27-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Review Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 29-1954</u>	REGISTRAR'S SIGNATURE <u>R. P. Harris MD-718</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Anderson - Tanner</u> ADDRESS <u>Home 710 8th St</u>
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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 _____

working under my personal supervision. *Body not Embalmed*

Student
Student Embalmer

Student Embalmer No. _____
Signed *Donald J. Allman*

Licensed Embalmer No. *4623*

P. O. Address *Fla.*

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.