

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7725

FILED MAR 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>39</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ark.</u> b. COUNTY <u>Miss.</u> <u>2030</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>14 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Buffalo Twp</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles NE Leachville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Mem. Hosp.</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) <u>Rita</u>			b. (Middle) <u>Kay</u>		c. (Last) <u>Wells</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 16, 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Mar. 15, 1955</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR <u>0</u> Months	IF UNDER 10 DRS. <u>0</u> Days	IF UNDER 1000 MRS. <u>17</u> Mins.	
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 <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Carl Wells</u>			13b. MOTHER'S MAIDEN NAME <u>Clois Zumwalt</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Carl Wells - Leachville, Ark. Rt 3</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Infant 5½ Months</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>776 X</u>					
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 <u>March 16, 1955</u> , to <u>March 16, 1955</u> , that I last saw the deceased alive on <u>March 16, 1955</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Cardwell, Missouri</u>		23c. DATE SIGNED <u>3-21-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/17/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leachville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leachville, Ark.</u>				
DATE REC'D BY LOCAL REG. <u>3-24-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Leachville, Ark.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 3 - 25 - 55

COUNTY FILE NUMBER ..... 3 - 55 - 88

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.