

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36062**

BIRTH NO. 74454-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1200

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a: STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 7 days	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital		e. STREET ADDRESS (If rural, give location) Route # 2	
3. NAME OF DECEASED (Type or Print) a. (First) LOLITA b. (Middle) NADINE c. (Last) WELLS		4. DATE OF DEATH (Month) (Day) (Year) 11-9-55	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Nov. 2, 1955
9. AGE (In years last birthday) 7 days	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Willard W. Wells	13b. MOTHER'S MAIDEN NAME Helen Marie Wilson	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Willard W. Wells ADDRESS St. Joseph Mo.	

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) PREMATURITY		INTERVAL BETWEEN ONSET AND DEATH 7 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) 776x			
		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 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)	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. 2, 1955, to NOV. 9, 1955, that I last saw the deceased alive on NOV. 9, 1955, and that death occurred at 4:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James H. Pifer, M.D.** 23b. ADDRESS **1302 FARAW ST. JOSEPH, MO.** 23c. DATE SIGNED **11-10-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11-10-55** 24c. NAME OF CEMETERY OR CREMATORY **Shland Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

DATE REC'D BY LOCAL REG. **Nov 16, 1955** REGISTRAR'S SIGNATURE **Kathleen M. Allison** 485. FUNERAL DIRECTOR'S SIGNATURE **Stowers Funeral Home** ADDRESS **St. Joseph, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Charles E. Bennett

Licensed Embalmer No. *467*

P. O. Address *St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.