

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1890

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) Rural (Bedford Twp)		c. LENGTH OF STAY (in this place) 2 Wks	c. CITY OR TOWN Troy
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp.		e. STREET ADDRESS (If rural, give location) No Street Address	

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) Minerva c. (Last) Wells	4. DATE OF DEATH Jan. 20, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 19, 1860	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Chariton County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry M. Snyder	13b. MOTHER'S MAIDEN NAME Minerva McCully	14. NAME OF HUSBAND OR WIFE Joseph B. Wells
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joe Wells, Troy, Missouri (Son)	ADDRESS
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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, ashenia, 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) Cerebral apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility		
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"/>
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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) m.	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 1/10, 1956, to 1/20, 1956, that I last saw the deceased alive on 1/20, 1956, and that death occurred at 7:00 PM., from the causes and on the date stated above.

23a. SIGNATURE Chas. M. Church (Degree or title)	23b. ADDRESS Troy Mo	23c. DATE SIGNED 1/21/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/22/56	24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	24d. LOCATION (City, town, or county) (State) Troy, Missouri
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DATE REC'D BY LOCAL REG. Jan 28 - 1956	REGISTRAR'S SIGNATURE Emma R. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home	ADDRESS Troy, Missouri.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 24 1964

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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.....
Signature of Student Embalmer

Signed *Joseph J. Marsh*.....
Licensed Embalmer No....3932..

P. O. Address Troy, Missouri

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.