

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29559  
Registrar's No. 128

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 128	
1. PLACE OF DEATH a. COUNTY <u>Scott County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Liberton</u>		c. CITY OR TOWN <u>Liberton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		LENGTH OF STAY (in this place) <u>15 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberton none</u>				STREET ADDRESS (If rural, give location) <u>Smith Add. 100<sup>3</sup></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Artie</u> b. (Middle) <u>Clifford</u> c. (Last) <u>Wells</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 5-56</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept 6, 1880</u>	9. AGE (In Years last birthday) <u>76</u>	IF UNDER 1-YEAR (Days)	IF UNDER 11 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James</u>		13b. MOTHER'S MAIDEN NAME <u>Gorach</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Knapp</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>70</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Wells Liberton MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable pulmonary embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic fibrillation</u> DUE TO (c) <u>cerebral thrombosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</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) <u>4331</u>			
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 <u>8-4</u> , 19 <u>56</u> , to <u>8-5</u> , 19 <u>56</u> that I last saw the deceased alive on <u>8-4</u> , 19 <u>56</u> and that death occurred at <u>7</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. D. Urban M.D.</u>				23b. ADDRESS <u>Liberton</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morley Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Morley MO</u>		
DATE REC'D BY LOCAL REG. <u>8-18-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Taylor Funeral Home</u>			

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

4290

DATE RECEIVED AUG 20 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 856-178

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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

*Tommy L. Roberts*

Licensed Embalmer No. 4886

P. O. Address New Madrid

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.