

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13820

BIRTH NO.		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4285		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown (Rural)</u> c. LENGTH OF STAY (in this place) <u>2 yr.</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Prairie View Rest Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Philadelphia</u> d. STREET ADDRESS (If rural, give location) <u>0640</u>			
3. NAME OF DECEASED (Type or Print) <u>Wendell</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1957</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>June 22, 1907</u>		9. AGE (In years last birthday) <u>49</u>		10. MONTH <u>10</u> DAY <u>16</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Ben M. Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Eudora Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Reddy Shuman</u>		18. ADDRESS <u>Lewistown, Mo.</u>		19. DATE OF OPERATION <u>—</u>	
20. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxemia</u> DUE TO (c) <u>Intestinal obstruction</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>48 hrs.</u>		21. DATE OF OPERATION <u>—</u>		22. MAJOR FINDINGS OF OPERATION <u>—</u>	
23. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		25. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		26. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
27. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR? <u>—</u>		30. DATE SIGNED <u>May 5, 1957</u>	
31. I hereby certify that I attended the deceased from <u>Aug 5, 1956</u> , to <u>8 May, 1957</u> , that I last saw the deceased alive on <u>8 May, 1957</u> , and that death occurred at <u>6:15 p.m.</u> , from the causes and on the date stated above.				32. SIGNATURE <u>John W. Wells</u> (Degree or title) <u>D.O.</u>		33. ADDRESS <u>Lewistown, Mo.</u>	
34. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		35. DATE <u>May 10, 1957</u>		36. NAME OF CEMETERY OR CREMATORY <u>Philadelphia</u>		37. LOCATION (City, town, or county) (State) <u>Philadelphia, Mo.</u>	
38. DATE REC'D BY LOCAL REG. <u>5-10-57</u>		39. REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		40. FUNERAL DIRECTOR'S SIGNATURE <u>Lynn S. Feaster</u>		41. ADDRESS <u>Philadelphia, Mo.</u>	

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

161-0

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

Harold Garner

Licensed Embalmer No. 3720

P. O. Address Monroe City, 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 this body is not embalmed, fact should be so stated above.