

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 9 1957

State File No. **31120**
Registrar's No. **137**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville 0	c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Archie	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		e. STREET ADDRESS (If rural, give location) 4 miles W. of Archie	

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle) Washington	c. (Last) Wells	4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1957
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Nov 25, 1873
9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Issac Wells	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Katherine Wells
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. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Richard Wells 114 W Stone Independence, 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) ACUTE PULMONARY EDEMA		INTERVAL BETWEEN ONSET AND DEATH 24 HRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE		3 DAYS
	DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE		10 YRS
	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) 4200
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?

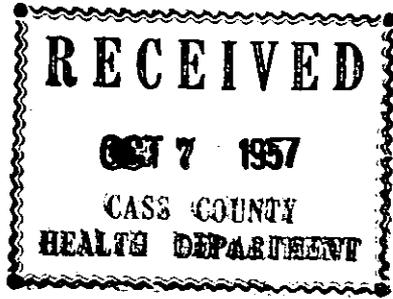
22. I hereby certify that I attended the deceased from **9-26-57**, 19, to **9-27-57**, 19, that I last saw the deceased alive on **9-27-57**, 19, and that death occurred at **3:30 P.** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) 0	23b. ADDRESS HARRISONVILLE MO	23c. DATE SIGNED 9-28-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 30, 1957	24c. NAME OF CEMETERY OR CREMATORY Crescent Hill cem	24d. LOCATION (City, town, or county) (State) Adrain, Missouri

DATE REC'D BY LOCAL REG. Sept 30, 1957	REGISTRAR'S SIGNATURE Dora Barua	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnson, Duby Archie, mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Robert Robinson*.....

Licensed Embalmer No. *4902*

P. O. Address *Harrisonville*

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.