Health, Welfare Public Service

300
1-56

FILED OCT 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35326
STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett — Inside Limits: Yes XX No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Dunklin Memorial Hospital — Length of stay in Ib: 1 Hour

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett Mo. — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 200 College St — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Alva Middle: Franlin Last: Wells

4. DATE OF DEATH: Month: Oct. Day: 4th Year: 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** XX **DIVORCED** ☐

8. DATE OF BIRTH: July 16- 1871

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months: 7 Days: 18 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: XX

11. BIRTHPLACE (City and state or country): West Franfort ILL

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): XX

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Haynes Grogan Address: Kennett Mo. Rt. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fractured Pelvis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hit by automobile
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 2 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

20a. ACCIDENT XX **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Hit by Car

20c. TIME OF INJURY Hour: About 9 a. m. p. m. Month, Day, Year: 10- 4-57

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION: Kennett COUNTY: Dunklin STATE: Mo.

21. I attended the deceased from 10-4-57 to 10-4-57 and last saw her/him alive on 10-4-57
Death occurred at 10.30A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Chester R. Peck (Degree or title): M.D.

22b. ADDRESS: Kennett Mo.

22c. DATE SIGNED: 10-7-1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10.5-57

23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery

23d. LOCATION (City, town, or county) (State): Kennett Mo.

24. FUNERAL DIRECTOR: Lentz Service ADDRESS: Kennett Mo.

25. DATE RECD. BY LOCAL REG.: 10-8-1957

26. REGISTRAR'S SIGNATURE: Earl Hughes

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY

DEPARTMENT 10-15-5

COUNTY FILE NUMBER 105

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar Lee Star

Licensed Embalmer No. 4433

P. O. Address Kennett Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.