

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7620

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5166 Registrar's No. 916

1. PLACE OF DEATH a. COUNTY <b>CALLOWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>HOWARD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>(RURAL) JACKSON 4YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>(RURAL) Cheekington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 MILE EAST AUXVASSE</b>		d. STREET ADDRESS (If rural, give location) <b>5 MILES SO. GLASGOW</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>	b. (Middle) <b>CROPP</b>	c. (Last) <b>WELLS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 23, 1949</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>NOV. 5, 1858</b>	9. AGE (In years last birthday) <b>90</b>	10. UNDER 1 YEAR (Months) <b>4</b>	11. UNDER 100 HRS. (Days) <b>18</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HER HOME</b>	11. BIRTHPLACE (State or foreign country) <b>HOWARD COUNTY MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>BENJAMIN CROPP</b>	13b. MOTHER'S MAIDEN NAME <b>NANCY WILKERSON</b>	14. NAME OF HUSBAND OR WIFE <b>SAMUEL F. WELLS</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. N. Wilcox</b>	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, asthenia, 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) <b>Melomeral Westrate</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Senility</b> DUE TO (c) _____		
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 <b>5907</b>	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)	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 **1945** to **March 23, 1949**, that I last saw the deceased alive on **March 18, 1949**, and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. H. Dornain</b>	23b. ADDRESS <b>1200 Auxvasse mo</b>	23c. DATE SIGNED <b>3-23-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Mar. 23 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Cnty</b>	24d. LOCATION (City, town, or county) (State) <b>Glasgow MO.</b>
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DATE RECEIVED BY LOCAL REG. <b>Mar. 23, 1949</b>	REGISTRAR'S SIGNATURE <b>Joel Morant Hoff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cuddeley - Fremont</b>	ADDRESS <b>Glasgow mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1400

Date Filed MAR 28 1949

District File Number

District Health Officer No. 9,

RECEIVED

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 Bob  
to be embalmed on arrival at Glasgow Student Embalmer No. 3978  
working under my personal supervision.

Student .....  
Student Embalmer

Signed E. W. Trueman

Licensed Embalmer No. 3978

P. O. Address Glasgow

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.