

FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18360
 State File No. 310

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4378 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson Park</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Simpson's Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Dell</u> c. (Last) <u>Wells</u>			4. DATE OF DEATH (Month) <u>5</u> (Day) <u>12</u> (Year) <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>1-1-1880</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Boonville, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Charles Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Martha McCormick</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John McCormick</u> ADDRESS <u>Pollock - Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic intoxication</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 da.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>infection of gums</u>	
		DUE TO (c) <u>with pus.</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
		<u>unknown</u>	
		<u>3222</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) _____			
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? _____			
22. I hereby certify that I attended the deceased from <u>May 1, 1949</u> , to <u>May 12, 1949</u> , that I last saw the deceased alive on <u>May 12, 1949</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. Simpson D.O.</u>		23b. ADDRESS <u>Milan</u>	
23c. DATE SIGNED <u>5-18-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-13/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Campbell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pollock Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 24 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u> ADDRESS <u>Pollock</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Reba...</u>		ADDRESS <u>Milan, Mo.</u>	

WRITE PLAINLY—USING UNFAADING, BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 1

District File Number 5-49-9

Date Filed MAY 31 1940

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

D. Norris Cleeton

Student Embalmer No. 238

working under my personal supervision.

Student *D. Norris Cleeton*
Student Embalmer

Signed

August Schauer

Licensed Embalmer No. 2667

P. O. Address *Wular - 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.