

FILED NOV 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. **34316**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Bedford</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo.</b>	
c. LENGTH OF STAY (in this place) <b>12 hr</b>		d. STREET ADDRESS (If rural, give location) <b>1700 N Grand</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>CARL</b>	c. (Last) <b>WELLS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 29 1949</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 29, 1906</b>	9. AGE (In years last birthday) <b>43</b>	# UNDER 1 YEAR <b>3</b>	# UNDER 10 DAYS <b>0</b>	# UNDER 10 HRS. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee of General Motors</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William Wells</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Phelps</b>	14. NAME OF HUSBAND OR WIFE <b>Helen 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>495-12-9175</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Helen Wells</b>	ADDRESS <b>1700 N GRAND ST LOUIS MO</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Death caused by collision of two automobiles</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>38766</b> <b>26</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Fractured skull</b>		
	DUE TO (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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Accident - Troy</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Troy Lincoln Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 29 49 8P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Head on collision of 2 cars.</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Arden Ellice, 3rd Coroner</b>	23b. ADDRESS <b>Troy, Mo.</b>	23c. DATE SIGNED <b>Nov 5-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 6, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Reid Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lincoln County Mo</b>
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DATE REC'D BY LOCAL REG. <b>Nov 5-1949</b>	REGISTRAR'S SIGNATURE <b>Emma R. Riddle</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wayne Mc Coy</b>	ADDRESS <b>Troy Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

RECEIVED NOV 5 1949  
District Health Officer No. 9,  
District File Number

NOV 9 1949

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 *Wayne McLaughlin*.....

Licensed Embalmer No. *3586*.....

P. O. Address *Troy 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.