

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40744**

BIRTH NO. **79557-49** REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **169**

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington, Mo.		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Baby Carol b. (Middle) Joan c. (Last) Wells		4. DATE OF DEATH (Month) (Day) (Year) 12-11-49	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 12-10-49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 24
11. BIRTHPLACE (State or foreign country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Claude Wells		13b. MOTHER'S MAIDEN NAME Gracie Dulworth	14. NAME OF HUSBAND OR WIFE none
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Claude Wells St. Clair
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1) COAGULANT ABNORMALITIES (BI, CARNAL) ANTECEDENT CAUSES 2) PREGNANCY Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>		INTERVAL BETWEEN ONSET AND DEATH 1 day	
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) (Min.)	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 12-10 , 1949, to 12-11 , 1949, that I last saw the deceased alive on 12-11 , 1949, and that death occurred at 7:35 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John F. Pearl, M.D.		23b. ADDRESS St. Clair, Mo.	23c. DATE SIGNED 12-11-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-11-49	24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery	24d. LOCATION (City, town, or county) (State) Franklin County, Mo.
DATE REC'D BY LOCAL REG. 12-12-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 990 Sherwood Kitchell, St. Clair, Mo.	

RECEIVED
DEC 16 1919
District Health Officer No. 9,
District File Number

STATEMENT BY LICENSED EMBALMER

This body was not embalmed.

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

C. Jesse Gahr

Licensed Embalmer No. _____

P. O. Address _____

*4486
St. Clair, Miss.*

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.