

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40948

State File No.

45

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 302x Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWARD</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>FAYETTE</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>FAYETTE</u>		d. STREET ADDRESS (If rural, give location) <u>7 MILES S.E. GLASGOW</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEE HOSPITAL</u>					

3. NAME OF DECEASED a. (First) <u>SUSIE</u> b. (Middle) <u>WILKERSON</u> c. (Last) <u>WELLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 28 1949</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 4, 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HER HOME</u>		11. BIRTHPLACE (State or foreign country) <u>HOWARD COUNTY Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>ALLEN WILKERSON</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY WOODS</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH B. WELLS</u>	
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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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Wilkerson</u> ADDRESS <u>FAYETTE</u>	
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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) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u> <u>3 yrs.</u> <u>88 IX</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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 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) (Min.)	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 June 1947 to Dec 28, 1949, that I last saw the deceased alive on Dec 28, 1949, and that death occurred at 6:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm G Shaw</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Fayette Mo.</u>	23c. DATE SIGNED <u>12-30-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>	24b. DATE <u>DEC. 30</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BOONSBORO</u>	24d. LOCATION (City, town, or county) (State) <u>12 mi. S. Glasgow Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-30-49</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Windsley Friemuth</u> ADDRESS <u>Glasgow</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 4

District Health Officer No. 8,

District File Number.....

to Filed 1-10-50

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 *E. W. Swinburn*

Licensed Embalmer No. 3976

P. O. Address Glasgow, Me

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.