

FILED FEB 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 2188

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>	c. LENGTH OF STAY (In this place) <u>30 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u> <u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East 4th St</u>		d. STREET ADDRESS (If rural, give location) <u>E 4th St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Fannie</u>	b. (Middle) <u>May</u>	c. (Last) <u>Wells</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1950</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>Widow</u>	8. DATE OF BIRTH <u>Aug 2, 1870</u>	9. AGE (In years last birthday) Months Days <u>79 6</u>	IF UNDER 1 YEAR IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bates Co MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph McGuire</u>	13b. MOTHER'S MAIDEN NAME <u>Eunice Ruby</u>	14. NAME OF HUSBAND OR WIFE <u>Edward B Wells</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jona M. Wells</u>	ADDRESS <u>Appleton City MO</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		

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)	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 Dec 1932, 1932, to 2 Feb, 1950, 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 <u>W Wells</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Appleton City MO</u>	23c. DATE SIGNED <u>4 Feb 50</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-5-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cross</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 4 1950</u>	REGISTRAR'S SIGNATURE <u>Chas Abney</u>	285	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7;
District File Number 1-50-34
Date Filed 2-7-50

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

on the 3d day of Feb 1950

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Frank Lee*

Licensed Embalmer No. *1099*

P. O. Address *Appleton, Wis*

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.