

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26220

State File No.

FILED AUG 27 1951

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>882</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		
c. LENGTH OF STAY (In this place) <u>2 mo. 28 d.</u>		d. STREET ADDRESS (If rural, give location) <u>323 North 5th St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hosnital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Zelma</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Wells</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>August 20, 1951</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 27 1884</u>	9. AGE (In years last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Albany, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Philip Crum</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Emmett Wells</u>	
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 ADDRESS <u>Mr. Emmett Wells, 323 N. 5th St. St. Joseph, Mo</u>		
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Appendix abscess</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Ruptured ganglion Appendix peritonitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Fecal Fistula</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>about 2 mo.</u> <u>2 mos.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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>7-30-</u> , 19 <u>51</u> to <u>8-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-20-</u> , 19 <u>51</u> , and that death occurred at <u>2:25P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Wm W. Hering M.D.</u>		23b. ADDRESS <u>570 N. Main St. St. Joseph, Mo</u>	23c. DATE SIGNED <u>8/23/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-23-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 24, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bauman Funeral Home, St. Joseph, Mo.</u>		

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

Dr. Craig

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 *W E Elhounston*

Licensed Embalmer No. *4791*

P. O. Address *319 So. W. St. Joseph, 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.