

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43854

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Perroy</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Perroy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shell City Mo</u>	
c. LENGTH OF STAY (In this place) <u>0-0-21</u>		d. STREET ADDRESS (If rural, give location) <u>road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #3</u>			
3. NAME OF DECEASED a. (First) <u>Homer</u> b. (Middle) <u>H</u> c. (Last) <u>Wells</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-14-1951</u>
5. SEX <u>Mr. U-W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 29-1877</u>
9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>	11. IF UNDER 18 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Geo W. Wells</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah A. Collins</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>State Hosp Records</u>		ADDRESS <u>Perroy 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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Lungs pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocardial degeneration</u>		DUE TO (c) <u>None</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>		DUE TO (c) <u>None</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 2 2 2</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <u>11-23</u> , 19 <u>51</u> , to <u>12-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/13</u> , 19 <u>51</u> , and that death occurred at <u>12:45</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. D. Hiest</u>		23b. ADDRESS <u>State Hosp #3</u>	
23c. DATE SIGNED <u>12/14/51</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 16, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Berea Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>(Rural) Walker, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 16/51</u>		REGISTRAR'S SIGNATURE <u>Umas &amp; Ferry</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis &amp; Son</u>		ADDRESS <u>Shell City, Mo.</u>	

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

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED / **DEC 26 1951**

Dist. File 251-3168

Date Filed 12-28-51

**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 \_\_\_\_\_

working under my personal supervision.

Student embalmer No. ....

Signed

*Marion M. Lewis*

Signed.....  
Student Embalmer

Licensed Embalmer No.

*3084*

P. O. Address

*Schell City, 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.