

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **418**

FILED FEB 4 1952

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

BIRTH NO. _____		REG. DIST. NO. 44		PRIMARY REG. DIST. NO. 4062		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cowgill, Mo.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 0130 OR TOWN Cowgill, Mo.		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) LINCOLN c. (Last) WELLS			4. DATE OF DEATH (Month) (Day) (Year) JAN. 25-1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15-1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Grocery		11. BIRTHPLACE (State or foreign country) Findley, Ohio.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Wells		13b. MOTHER'S MAIDEN NAME Sarah Edwards		14. NAME OF HUSBAND OR WIFE Emma Francis Wells			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles L. Wells, Cameron, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 Jan. 1, 1926 , to Jan. 25, 1952 , that I last saw the deceased alive on Jan. 25, 1952 , and that death occurred at 2:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O. C. Kilbourn M.D.				23b. ADDRESS Cowgill, Mo.		23c. DATE SIGNED 1-26-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-27-1952		24c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery		24d. LOCATION (City, town, or county) (State) Cowgill Mo.	
DATE REC'D BY LOCAL REG. 1-31-52		REGISTRAR'S SIGNATURE Mrs. Nell B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Kingston, Missouri			

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.....

Cramer Clark

Signed.....
Student Embalmer

Licensed Embalmer No. 3257

P. O. Address Kingston, Missouri

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.