

33924

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED OCT 10 1952
BIRTH NO. 56959 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 190

003

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Scott</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Scott</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Sikeston</p>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Sikeston</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">708 Troy St.</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">708 Troy</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Arthur</p>			b. (Middle) <p style="text-align: center;">Wayne</p>			c. (Last) <p style="text-align: center;">Wells</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">9-24-52</p>				
5. SEX <p style="text-align: center;">M</p>		6. COLOR OR RACE <p style="text-align: center;">W</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Infant</p>		8. DATE OF BIRTH <p style="text-align: center;">July 24-52</p>			9. AGE (In years last birthday) <p style="text-align: center;">—</p>		10 UNDER 1 YEAR Days <p style="text-align: center;">2</p>	11 UNDER 2 WKS. Hours <p style="text-align: center;">—</p>	Mins. <p style="text-align: center;">—</p>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Infant</p>				10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">—</p>				11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">City Hosp. ST. Louis, Mo.</p>			12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.</p>		

13a. FATHER'S NAME <p style="text-align: center;">Clyde Wells</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Juella Branham</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">—</p>		
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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) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Clyde Wells</p>				ADDRESS <p style="text-align: center;">708 Troy, Sikeston</p>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Colitis</p>						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) _____							
		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 <p style="text-align: center;">5710</p>						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)	
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 9-22, 1952, to 9-24, 1952, that I last saw the deceased alive on 9-24, 1952, and that death occurred at 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">C. J. [Signature]</p>		(Degree or title)		23b. ADDRESS <p style="text-align: center;">130 A. T. [Signature]</p>		23c. DATE SIGNED <p style="text-align: center;">9-30-52</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">9-26-52</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">New Morley</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Morley Mo.</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">10-2-52</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Mrs. Olla Hunter</p>		FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Dr. [Signature]</p>		ADDRESS <p style="text-align: center;">Sikeston</p>	
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RECEIVED OCT-6-1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1052-284

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 Walter Embalmed
Taylor Funeral Home

Licensed Embalmer No. _____

P. O. Address _____

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.