

FILED JAN 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42131**

0450

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

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Wells-Connell Home</u> <u>Howard Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin Mo.</u> <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wells-Connell Home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Robert</u> (Type or Print)		b. (Middle) <u>Wendley</u>	
c. (Last) <u>Jrner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 21-52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 6-1886</u>
9. AGE (In years last birthday) <u>86</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Howard Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Augustus Jrner</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Thomas</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</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>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Dinkle</u> ADDRESS <u>1815 Hawthorn</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.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
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 <u>4/222</u>	
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)	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>Nov 15</u> , 19 <u>52</u> , to <u>Dec 21</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>Dec 21</u> , 19 <u>52</u> and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James D. Dean M.D.</u> (Degree or title)		23b. ADDRESS <u>Fayette, Missouri</u>	23c. DATE SIGNED <u>12-27-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>12-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-27-52</u>	REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Hall</u> ADDRESS <u>New Franklin Mo</u>	

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. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin 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.