

STANDARD CERTIFICATE OF DEATH

State File No. **31182**

FILED OCT 5 1953

BIRTH NO. REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **315**

1. PLACE OF DEATH a. COUNTY Callawayry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY (If outside corporate limits, write RURAL and give township) Montgomery City	
c. LENGTH OF STAY (In this place) 6 1/2 hours		d. STREET ADDRESS (If rural, give location) 0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hospital			

3. NAME OF DECEASED (Type or Print) Edward Walter Wells	a. (First) b. (Middle) c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept, 27, 1953
---	----------------------------------	--

5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 7, 1912	9. AGE (In years last birthday) 41+	IF UNDER 1 YEAR Months Days	IF BROKEN IN HES. Hours Min.
-----------------------	------------------------------------	--	---	---	-----------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Gang	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Jonesburg, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	--

13a. FATHER'S NAME Walter Clay Wells	13b. MOTHER'S MAIDEN NAME Mayne Wells	14. NAME OF HUSBAND OR WIFE Effie P. Wells Des, Moines
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. 704-10-8515	17. INFORMANT'S SIGNATURE OR NAME Annice Brody - Montgomery City, Mo.	ADDRESS
--	---	---	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema & congestion		INTERVAL BETWEEN ONSET AND DEATH 9 1/4 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Patra thoracic hemorrhage		
	DUE TO (c) trauma, auto accident		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral aneurysm Multiple fx spine			

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) High 45 U.S.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) N.S. 408 N-N Montgomery County Mo
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-27-53 1:50 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Run over by automobile (pl.)
---	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:20** m., from the causes and on the date stated above.

23a. SIGNATURE Andrew S. Lanier, M.D. Colonel	(Degree or title)	23b. ADDRESS Fulton, Mo.	23c. DATE SIGNED 9-27-53
---	-------------------	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept, 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery	24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.
--	------------------------------------	--	--

DATE REC'D BY LOCAL REG. Sept 28, 1953	REGISTRAR'S SIGNATURE Martha Lawrence	25. FEDERAL DIRECTOR'S SIGNATURE Schlanke's Funeral Home	ADDRESS Montgomery City, Mo.
--	---	--	--

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

THE COMMISSION OF HEALTH OF MONTGOMERY COUNTY

OCT 22 1958
DEC 15 1958

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 E. Boone Schlueter

Licensed Embalmer No. 4136

P. O. Address Montgomery City, Md.

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.