

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4620

State File No. _____

BIRTH NO. FILED FEB 17 1954 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 21

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Grundy</u>	b. STATE <u>Mo</u>	c. COUNTY <u>Grundy</u>	d. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>	c. LENGTH OF STAY (In this place) <u>28 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>	d. STREET ADDRESS (If rural, give location) <u>North East Nursing Home</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North East Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>North East Nursing Home</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <u>Edgar</u>	b. (Middle)	c. (Last) <u>Wells</u>	(Month) <u>Feb</u>	(Day) (Year) <u>2 1954</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>Jan 21 1880</u>	
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Spickard, Mo.</u>	12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>	13. IF UNDER 1 YEAR Months <u>12</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE	12. CITIZENRY OF WHAT COUNTRY?	13. IF UNDER 24 HRS. Hours Min.

13a. FATHER'S NAME <u>George Wells</u>	13b. MOTHER'S MAIDEN NAME <u>Sadie Doan Doan</u>	14. NAME OF HUSBAND OR WIFE <u>Blanche Brown (dec)</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Wells - Trenton Mo</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic passive congestion</u> 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	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) <u>Trenton Mo</u>
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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?
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22. I hereby certify that I attended the deceased from July, 1954, to 2-2-1954, that I last saw the deceased alive on 2-2-1954 and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. ... MD</u>	(Degree or title)	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>2-3-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 5 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fox cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Spickard Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-5-54</u>	REGISTRAR'S SIGNATURE <u>Jenna Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davin - Blackman</u>	ADDRESS <u>Trenton, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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

Jordan Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.