

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16731

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 45

1. PLACE OF DEATH  
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Newton

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho

c. CITY OR TOWN Neosho

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hospital

• STREET ADDRESS (If rural, give location) 413 Hickory Street 07820

3. NAME OF DECEASED  
a. (First) JAMES b. (Middle) MONROE c. (Last) Wells

4. DATE OF DEATH (Month) (Day) (Year)  
May 12, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 2, 1866

9. AGE (In years last birthday) if UNDER 1 YEAR Months Days if UNDER 12 Hrs. Hours Min. 88

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture

10b. KIND OF BUSINESS OR INDUSTRY Retail

11. BIRTHPLACE (City and State or Foreign Country) Christian County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Wells

13b. MOTHER'S MAIDEN NAME Casto

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Wells - Neosho, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Ferricious Anemia  
ANTECEDENT CAUSES  
DUE TO (b) Cirrhosis of Liver  
DUE TO (c) Osteo-Arthritis of Spine  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
Don't know

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
7231

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1953 to May 12, 1954 that I last saw the deceased alive on May 12, 1954 and that death occurred at 5:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. P. Rodvics, M.D.

23b. ADDRESS Neosho Mo.

23c. DATE SIGNED 5-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 5-14-1954

24c. NAME OF CEMETERY OR CREMATORY WISE

24d. LOCATION (City, town, or county) (State) BILLINGS MISSOURI

DATE REC'D BY LOCAL REG. 5-19-54

REGISTRAR'S SIGNATURE Melvin C. Bowman 223-

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Corley Thompson & Co. Neosho Mo.

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

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_  
District File Number 554-84  
Date Filed MAY 28 1954

**NEOSHO, MISSOURI**

**AUG 9 1955**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 480

P. O. Address Neosho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.