

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17665**

FILED JUN 2 1954

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4514 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City	
c. LENGTH OF STAY (in this place) 4 yrs.		1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Green City		d. STREET ADDRESS (If rural, give location) No street address	

3. NAME OF DECEASED (Type or Print)	a. (First) Isaac	b. (Middle) Alexander	c. (Last) Wells	4. DATE OF DEATH (Month) (Day) (Year) May 26, 1954
-------------------------------------	-------------------------	------------------------------	------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 25, 1858	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	---	---

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

13a. FATHER'S NAME John Wells	13b. MOTHER'S MAIDEN NAME Mariah Cook	14. NAME OF HUSBAND OR WIFE Hannah McDaniels Wells
--------------------------------------	--	---

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 Earl Wells, Green 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, asthma, 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) Throat Laceration		instant
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Self inflicted with Butcher knife DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.		E976X	

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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) shed at home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Green City, Sullivan, Mo.
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 26, 54 12:00 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? self destruction
--	--	--

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 **12:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl Wells, D.O.	23b. ADDRESS Sullivan Co. Coroner, Milan, Mo.	23c. DATE SIGNED 5-26-54
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 29, 1954	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Sullivan Co., Mo.
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. 5-29-54	REGISTRAR'S SIGNATURE Agnes L. Page	504	25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Hunt & Son, Green City, Mo.	ADDRESS _____
---	--	-----	--	---------------

(Licensed Embalmer's Statement on Reverse Side)

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

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

Karl R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.