

FILED OCT 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5018

32116

State File No.

BIRTH NO. 6803-55 REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4070 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Andrew Co.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rea Mo. R.R.</u>		c. LENGTH OF STAY (in this place) <u>All life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rea Mo. Rural Empire Tws.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>0020</u>		

3. NAME OF DECEASED (Type or Print) <u>Kermit & Keith Wells</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9.30.1955</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>1.23.1955</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 24 HRS. Hours <u>7</u>	IF UNDER 60 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		

13a. FATHER'S NAME <u>Kermit C. Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Lee Ming</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kermit C. Wells . Rea Mo. R.R.</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, 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>congenital heart disease</u>	DUE TO (b) <u>myocardium</u>					<u>eye</u>
ANTECEDENT CAUSES	DUE TO (c) <u>7544</u>					<u>eye</u>
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"/>	
------------------------	----------------------------------	--	--	--	--	--

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) m.	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 2/7 1955, 1955, that I last saw the deceased alive on 9/30/55, and that death occurred at 11:50 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. E. W. ...</u>	23b. ADDRESS <u>King City Mo.</u>	23c. DATE SIGNED <u>10/5/55</u>
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10.2.1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Savannah</u>	24d. LOCATION (City, town, or county) (State) <u>Savannah Mo.</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>10-11-55</u>	REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. H. ... King City Mo.</u>
--	---	---

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

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King 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.