

33776

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 9 1955

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>442</u>	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN JOPLIN		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN WEBB CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MADDOX CONVALESCENT HOME				No. STREET ADDRESS (If rural, give location) 624 NORTH PENNSYLVANIA 8470			
3. NAME OF DECEASED (Type or Print) a. (First) DEAN		b. (Middle)		c. (Last) WELLS		4. DATE OF DEATH (Month) (Day) (Year) 10 26 1955	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 7, 1859	
9. AGE (In years last birthday) 96		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH HALL		13b. MOTHER'S MAIDEN NAME RACHEL GOODWIN		14. NAME OF HUSBAND OR WIFE ANTHONY WELLS (DECEASED)			
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 HOMER WELLS FORT COLLINS, COLORADO			
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) <u>Chronic Arteriosclerosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis Post Scurvy</u> DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>4200</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
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 <u>Jan 1955</u> , to <u>Oct 26, 1955</u> , that I last saw the deceased alive on <u>10/24</u> , 1955, and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. I. Schultz, M.D.</u> (Degree or title?)				23b. ADDRESS 2125 Jackson, Joplin, Mo		23c. DATE SIGNED 10/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/28/1955		24c. NAME OF CEMETERY OR CREMATORY SARCOXIE CEMETERY		24d. LOCATION (City, town, or county) (State) MO SARCOXIE	
DATE REC'D BY LOCAL REG. 10-31-55		REGISTRAR'S SIGNATURE <u>James 134 by Dolores Lampkin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

b. 300
-48

RECEIVED
Jasper County Health Office
County File Number 55-11-252
Date Filed 11/17/1955

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.....
Signature of Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 446

P. O. Address Webb

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.