

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15665**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 570					
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN Ludlow		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 2				e. STREET ADDRESS (If rural, give location) Rural							
3. NAME OF DECEASED (Type or Print) EDITH			a. (First) MAY		b. (Middle) WELLS		c. (Last) WELLS				
4. DATE OF DEATH May 22 1956		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Not given			
9. AGE (In years last birthday) Abt 72		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 2 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME Isaac Wells			13b. MOTHER'S MAIDEN NAME Emily Critchfield			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ira Wells		ADDRESS Ludlow, Missouri					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 1-1-56			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				ANTECEDENT CAUSES							
DUE TO (b) Arterio Sclerosis				DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. Schyophrenia Paranoid Type							
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?		21g. DATE OF OPERATION		21h. MAJOR FINDINGS OF OPERATION		21i. TIME OF INJURY		21j. INJURY OCCURRED			
22. I hereby certify that I attended the deceased from Jan. 1 , 19 56 , to May 22 , 19 56 , that I last saw the deceased alive on May 26 , 19 56 , and that death occurred at 5:37P. m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Jarrett Thomas M D			23b. ADDRESS Dr Jno M J Dole Hosp No 2			23c. DATE SIGNED 5/22-56					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 23, 1956		24c. NAME OF CEMETERY OR CREMATORY Braymer Cemetery		24d. LOCATION (City, town, or county) (State) Braymer Missouri					
DATE REC'D BY LOCAL REG. May 25, 1956		REGISTRAR'S SIGNATURE Esther M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Nead Funeral Service		ADDRESS Braymer, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No. *46*

P. O. Address *St. Joseph*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.