

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26352

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5287 Registrar's No. 72

1. PLACE OF DEATH
 a. COUNTY **Clay**

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

b. CITY (If outside corporate limits, write RURAL and give town) **Rural Fishing River** c. LENGTH OF STAY (In this place)

c. CITY OR TOWN **Excelsior Springs** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Crescent Lake - Hwy 10 Excelsior Springs Mo**

STREET ADDRESS (If rural, give location) **208 Cliff Drive** *60000*

3. NAME OF DECEASED (Type or Print) a. (First) **MATTIE** b. (Middle) **E** c. (Last) **WELLS** 4. DATE OF DEATH (Month) (Day) (Year) **August 6 1956**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **May 11 1910** 9. AGE (In years last birthday) **46** 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) **Landlady** 10b. KIND OF BUSINESS OR INDUSTRY **Rooming House**

11. BIRTHPLACE (City and State or Foreign Country) **Atchison Kansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **M.W. Wells**

13b. MOTHER'S MAIDEN NAME **Armelia Frodell**

14. NAME OF HUSBAND OR WIFE **#####**

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

16. SOCIAL SECURITY NO. **507-07-405**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs Florence Hamilton-Topeka Kans.**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Curved head & Chest**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **1 Car accident**
 DUE TO (c) **Ran off road into creek**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
8234

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **32**

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Hwy 10**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Fishing River Twp. Clay. Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Aug-6-1956 2:A m.**

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

21f. HOW DID INJURY OCCUR? **Ran off road into a creek**

22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **J. A. Pat ...** (Degree or title)

23b. ADDRESS **North Kansas City, Mo.**

23c. DATE SIGNED **8/6/56**

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

24b. DATE **Aug 9 1956**

24c. NAME OF CEMETERY OR CREMATORY **Mt. Vernon Cemetery**

24d. LOCATION (City, town, or county) (State) **Atchison Kansas**

DATE REC'D BY LOCAL REG. **8-10-56**

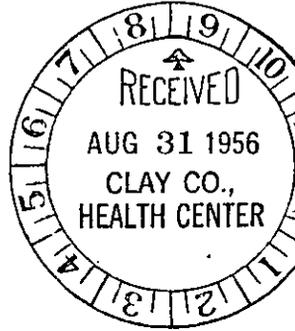
REGISTRAR'S SIGNATURE **Caroline Hulting**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Virgil Hope, Excelsior Springs Mo**

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

62-0

SEP 4 1956



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, ~~###~~ Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chas. Virgil Hope*
Licensed Embalmer No. 3950

P. O. Address **Excelsior Spgs**

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.