

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25516

State File No.

FILED AUG 9 - 1952

BIRTH NO. 124 -- REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 250

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|--|--|-----------------------------------|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Francois 0940</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Desloge Mo.</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Desloge 0940</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u> | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>N.</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Wells.</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 1952</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White/Cauc</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | |
| 8. DATE OF BIRTH <u>Sept 24-1913</u> | | 9. AGE (In years last birthday) <u>38-10-6.</u> | | 10. MONTHS <u>10</u> DAYS <u>6</u> HOURS <u>0</u> MIN. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Desloge Mo. 0</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Mr. Robert Lee Buckner</u> | | 13b. MOTHER'S MAIDEN NAME <u>America Ann Pinkston Buckner</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mr. John Edward Wells</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John Edward Wells (Husband) Desloge Mo.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> | | ANTECEDENT CAUSES DUE TO (b) <u>arterio-sclerosis (gen)</u> | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | 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) | | 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 May 1948 to July 30, 1952, that I last saw the deceased alive on 7/24, 1952, and that death occurred at 5:30A m., from the causes and on the date stated above.

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|---|--|------------------------------------|--|-----------------------------------|--|
| 23a. SIGNATURE <u>N P Garbe M.D.</u> | | 23b. ADDRESS <u>Desloge Mo.</u> | | 23c. DATE SIGNED <u>8-1-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u> | | 24b. DATE <u>August 1-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bonnie, Tenn. Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>Aug 1, 1952</u> | | REGISTRAR'S SIGNATURE <u>Esther Rudland</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alvin W. Hood - 303 Crane St. St. Louis, Mo.</u> | |
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(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Alvin W. Hood

Signed.....

Student Embalmer

Licensed Embalmer No. 2780

P. O. Address. 303 Crane St. Flat River, 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.