

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28020

STATE FILE NUMBER

FILED SEP 5 1956

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 303

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Francois</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bonne Terre</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Flat River 0942</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bonne Terre Asptd</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Mr. George</i> Middle <i>Arthur</i> Last <i>Wett.</i>			4. DATE OF DEATH Month <i>Aug.</i> Day <i>24-</i> Year <i>1956</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White Cau.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 1-1883</i>	9. AGE (In years last birthday) <i>73-1-23</i>	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) <i>Machinist retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Joseph Lead Co.</i>	11. BIRTHPLACE (City and state or country) <i>Reynolds Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Mr. Levi Harrison Wett.</i>			14. MOTHER'S MAIDEN NAME <i>Melissa Jane Wood.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>493-03-9526</i>	17. INFORMANT <i>Ms. Effie Laid Wett (wife) 10 Bennett St. Flat River, Mo.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i> <i>Pulmonary edema</i> DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Chronic myocarditis and arterial sclerosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>4 days</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from <i>8/20/56</i> to <i>8/24/56</i> and last saw her alive on <i>8/24/56</i> Death occurred at <i>3:09 pm</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Paul L. Jones MD</i>			22b. ADDRESS <i>Flat River, Mo</i>		22c. DATE SIGNED <i>8/27/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>August 27-1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Park View Cemetery</i>		23d. LOCATION (City, town, or county) <i>Farmington</i>	(State) <i>Mo.</i>
24. FUNERAL DIRECTOR <i>Levi W. Wood</i>		ADDRESS <i>303 Crown St. Flat River, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Aug 27, 1956</i>		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>

(Licensed Embalmer's Statement on Reverse Side)

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 *Arthur W. Hand*.....

Licensed Embalmer No. *278*

P. O. Address *303 Gram St*

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.