

FILED MAY 9 1944

Registration District No. 977

Primary Registration District No. 4266

Registrar's No. 16

1. PLACE OF DEATH: Safayette  
 (a) County Safayette  
 (b) City or town Wellington  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community several year years, months or days

2. USUAL RESIDENCE OF DECEASED: Safayette  
 (a) State Missouri (b) County Safayette  
 (c) City or town Wellington  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM-W-SHADE

3. (b) If veteran, name war. NO 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bette 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb 24 - 1876  
 (Month) (Day) (Year)

8. AGE: 68 Years 1 Months 13 Days If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace De Kalb County, Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

12. Name Thomas Shade

13. Birthplace West Virginia  
 (City, town, or county) (State or foreign country)

14. Maiden name Kate Horn

15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bette Shade

(b) Address Wellington, Mo

17. (a) Interred (b) Date thereof 4-9-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Wellington, Mo

18. (a) Signature of funeral director W. W. Baker

(b) Address Wellington, Mo

19. (a) April-10-1944 (b) Mrs W. W. Baker  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
 year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 10, 1943  
 \_\_\_\_\_ 19 \_\_\_\_\_ to April 7th 19 44  
 that I last saw him alive on April 3 19 44  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
1 hr.

Due to Arterio-sclerosis, Coronary with Chronic Myocardial degeneration  
1 year

Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature W. W. Baker (M. D. or other) no  
 Address Wellington, Mo Date signed 4-7-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1157

**RECEIVED**

District Health Officer No. 8,

District File Number .....

Date Filed 5-8-44

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. J. Everett

Licensed Embalmer No. 4305

P. O. Address Wellington 1

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**