

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1733**

FILED FEB 11 1949

BIRTH NO. _____		REG. DIST. NO. 44171		PRIMARY REG. DIST. NO. 42774267		Registrar's No. 1		
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa		c. LENGTH OF STAY (to this place) 45 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa		d. STREET ADDRESS (If rural, give location) 0.		
3. NAME OF DECEASED a. (First) Tacy b. (Middle) Adeline c. (Last) Wakeman				4. DATE OF DEATH (Month) Jan. (Day) 7 (Year) 1949				
5. SEX Fe		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never married		8. DATE OF BIRTH May 29, 1860		
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MRS. 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			11. BIRTHPLACE (State or foreign country) Indiana		
12. CITIZEN OF WHAT COUNTRY? U.S.A			13a. FATHER'S NAME J.A. Wakeman		13b. MOTHER'S MAIDEN NAME Katherine Wahn		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M.A. Webb, Odessa, Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure DUE TO (b) Fracture 1st hyp. 2 years DUE TO (c) Senility, malnutrition II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bed sores					INTERVAL BETWEEN ONSET AND DEATH 9030 20	
19a. DATE OF OPERATION 1946		19b. MAJOR FINDINGS OF OPERATION F 1st hyp. - smooth - Petersen - Pi					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) yes		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Odessa Lafayette Mo		21f. HOW DID INJURY OCCUR Fell from chair		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1946 m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 54				
22. I hereby certify that I attended the deceased from _____, 1946, to Jan 7, 1949 , that I last saw the deceased alive on Jan 7, 1949 , and that death occurred at 2 A.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. Martin MD				23b. ADDRESS Odessa, Mo.		23c. DATE SIGNED 1-8-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery		24d. LOCATION (City, town, or county) (State) Near Odessa, Mo.		
DATE REC'D BY LOCAL REG. 1-8-1949		REGISTRAR'S SIGNATURE Latta & Drummond		25. FUNERAL DIRECTOR'S SIGNATURE 153 Huonan - Sparks		ADDRESS Odessa, Mo.		

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

54
4
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-10-49

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.

Signed _____

William T. Sparks

Student Embalmer _____

Student Embalmer

Licensed Embalmer No. #4431

P. O. Address Oleesa, 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.