

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22406**

FILED JUL 1 1949

BIRTH NO. _____		REG. DIST. NO. <b>374</b>		PRIMARY REG. DIST. NO. <b>6276</b>		Registrar's No. <b>20</b>	
1. PLACE OF DEATH a. COUNTY <b>Worth</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sheridan-East Union</b>		c. LENGTH OF STAY (In this place) <b>life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-East Union</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <b>Sheridan</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ferdinand</b>			b. (Middle) <b>Franklin</b>			c. (Last) <b>Wake</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>6 17 1949</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>December 20, 1879</b>		9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>27</b>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (State or foreign country) <b>Sheridan, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Alfred Wake</b>			13b. MOTHER'S MAIDEN NAME <b>Melvina Barnes</b>			14. NAME OF HUSBAND OR WIFE <b>Sarah H. Wake</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____		ADDRESS _____	
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) <b>Myocardial degeneration of heart</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<b>410X</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile Dentition</b>				<b>6 mo</b>	
19a. DATE OF OPERATION <b>6-19-49</b>		19b. MAJOR FINDINGS OF OPERATION _____				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 <b>4-10</b> , 19 <b>48</b> , to <b>6-17</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>6-17</b> , 19 <b>49</b> , and that death occurred at <b>6:40</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>0</b>				23b. ADDRESS <b>[Signature]</b>		23c. DATE SIGNED <b>6-18-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-19-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Isadora Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sheridan, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-25-1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Mount City, Mo.</b>	



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 self

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.