

FILED JUL 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22758

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 228

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		d. STREET ADDRESS (If rural, give location) <u>410 N. Louisiana</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 N. Louisiana</u>		d. STREET ADDRESS (If rural, give location) <u>410 N. Louisiana</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>J</u> c. (Last) <u>Ade</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 8 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>OCT. 9, 1963</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. Ade</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Graden Ade</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Beck</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Graden Ade</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>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.W. Ade Cape Gir. Mo</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.W. Ade Cape Gir. Mo</u>	
MEDICAL CERTIFICATION			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	
		INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
19a. DATE OF OPERATION _____		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.) <u>Cape Girardeau Mo</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 12-49 3:25</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. B. ... 3rd Comm</u>		23b. ADDRESS <u>410 N. Louisiana Cape Gir. Mo</u>	
23c. DATE SIGNED <u>July 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-10-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-14-49</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
DATE REC'D BY LOCAL REG. <u>7-14-49</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
DATE REC'D BY LOCAL REG. <u>7-14-49</u>		FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. C. Crawford Jackson Mo</u>	

RECEIVED 7-18-49

Health Officer No. 4

File Number 249-94

Date Filed

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
Student Embalmer

Signed *Gene C. Crawford*

Licensed Embalmer No. 4327

P. O. Address *Sackville, Me.*

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.