

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 110

0060

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

BIRTH NO. _____		REG. DIST. NO. 14		PRIMARY REG. DIST. NO. 4028		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal		c. LENGTH OF STAY (in this place) 20 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberal		0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Edward c. (Last) Wade			4. DATE OF DEATH (Month) (Day) (Year) Jan 2 - 1950				
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH May 4 1870		9. AGE (In years) (If under 1 year: Months) (If under 2 hrs: Days) (Hours) (Min.) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Danville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Lewis Wade			13b. MOTHER'S MAIDEN NAME Marelda Cunningham		14. NAME OF HUSBAND OR WIFE Mary Alice Wade		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertensive heart arteries  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  4207)					INTERVAL BETWEEN ONSET AND DEATH _____
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.) _____		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 12/8, 1949, to 1/2, 1950, that I last saw the deceased alive on 12/30, 1949, and that death occurred at 7 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. W. Edlemson				23b. ADDRESS Liberal Mo		23c. DATE SIGNED 1/11/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-6-50	24c. NAME OF CEMETERY OR CREMATORY Barton City		24d. LOCATION (City, town, or county) Liberal (State) Mo		
DATE REC'D BY LOCAL REG. Jan 12, 1950		REGISTRAR'S SIGNATURE Charlotte McDowell		25. FUNERAL DIRECTOR'S SIGNATURE J. M. Berkey		ADDRESS Mulberry Knos	

RECEIVED JAN 21 1950  
District Health Office No. 6,  
District File Number 150-109  
Date Filed 1-21-50

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 \_\_\_\_\_

Licensed Embalmer No. 2336

P. O. Address Mulberry Kansas

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.