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THE DIVISION OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11606

FILED APR 7 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 50

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| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sikeston</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u> | |
| c. LENGTH OF STAY (in this place) <u>10 hours</u> | | 0720 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>Route # 1</u> | |

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|-------------------------------------|-------------------------|-------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Henry</u> | b. (Middle) _____ | c. (Last) <u>Wade</u> | 4. DATE OF DEATH (Month) <u>March</u> (Day) <u>25</u> (Year) <u>1950</u> |
|-------------------------------------|-------------------------|-------------------|-----------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>1-16-1874</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>Louis Wade</u> | 13b. MOTHER'S MAIDEN NAME <u>--</u> | 14. NAME OF HUSBAND OR WIFE <u>Lena Wade</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type, no. or unknown) (If yes, give war or dates of service) <u>Unknown</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Wife, Lena Wade, New Madrid, Mo.</u> | ADDRESS _____ |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> | | Unknown |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>nephritis</u> | | |
| DUE TO (c) <u>Hypertension</u> | | Unknown | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis, hypertensive</u> | | Unknown | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>None performed</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) <u>592X</u> (STATE) _____ |
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| | | |
|---|--|----------------------------------|
| 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 3/24 1950, to 3/24, 1950, that I last saw the deceased alive on 3/24, 1950, and that death occurred at 4:45a.m., from the causes and on the date stated above. 3/25/50

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|---|---|---------------------------------|
| 23a. SIGNATURE <u>John M. Collins M.D.</u> (Degree or title) <u>D</u> | 23b. ADDRESS <u>Stallcup Bldg., Sikeston, Mo.</u> | 23c. DATE SIGNED <u>3/25/50</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/28/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Fannie Powell</u> | 24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Mar. 31-50</u> | REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Undertl Co</u> ADDRESS <u>New Madrid, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 3

RECEIVED

District Health Office

District File Number 450

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 Donald Roberts

Licensed Embalmer No. 4722

P. O. Address New Madrid

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.