

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12530

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>114</u>		PRIMARY REG. DIST. NO. <u>4186</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan</u>		<u>0361</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northside Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>223 Marion Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Wade</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 17, 1894</u>	
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Einlay, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm Sherman Fry</u>		13b. MOTHER'S MAIDEN NAME <u>Alice A. Foltz</u>		14. NAME OF HUSBAND OR WIFE <u>James R. Wade (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William D. Iams Sullivan, Mo.</u>			
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) <u>Obstruction, edema lungs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic pneumonia</u> DUE TO (c) <u>postoperative pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pleurisy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>28 days</u> <u>4 days</u> <u>2 or 3 years</u>	
19a. DATE OF OPERATION <u>1948-1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left breast; carcinoma axillary gland</u>				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) <u>170X</u>			
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 <u>2-15</u> , 19 <u>50</u> , to <u>4-24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-24</u> , 19 <u>50</u> , and that death occurred at <u>4:52 am</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Ed Prantner M.D.</u>				23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>4-25-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/26/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sullivan, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-27-50</u>		REGISTRAR'S SIGNATURE <u>Ed Prantner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Shaffer</u>		ADDRESS <u>Sullivan Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0361

RECEIVED MAY 1 1950
District Health Officer No. 9,
District File Number

MAY 4 1950

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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Sullivan, Missouri

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.