

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17168

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 83

0492

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u>	
c. LENGTH OF STAY (In this place) <u>35yrs</u>		d. STREET ADDRESS (If rural, give location) <u>931 W. 3rd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>931 W. 3rd St.</u>		d. STREET ADDRESS <u>931 W. 3rd St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u>		b. (Middle) _____	
c. (Last) <u>WADE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>January 27, 1886</u>
9. AGE (In years) (last birthday) <u>84</u>		10. MONTHS <u>4</u>	11. DAYS <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>keeping house</u>	
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Preston Wade</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cecil Thomas Webb City, Mo.</u>	
18. ADDRESS _____		18. ADDRESS _____	
18. NOSE 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic parenchymatous nephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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>3-30, 1950</u> , to <u>5-26, 1950</u> , that I last saw the deceased alive on <u>5-25, 1950</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. S. Blount M.D.</u>		23b. ADDRESS <u>Webb City MO</u>	
23c. DATE SIGNED <u>5/27/50</u>		23c. DATE SIGNED <u>5/27/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Webb City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 27, 50</u>		REGISTRAR'S SIGNATURE <u>W. L. Mitchell M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>		ADDRESS <u>Webb City, Missouri</u>	

RECEIVED 6-1-50

Jasper County Health Office

County File Number 50-5-441

Date Filed 6-1-50

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. 2859

P. O. Address. W. H. Hodge

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.