

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27880

State File No.

FILED AUG 24 1950

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>250</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE, (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>2 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sturgeon</u>		0 1 0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>BENJAMIN FRANKLIN WADE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10-1950</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb. 27-1890</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Days <u>5</u>	11. UNDER 1 MIN. Hours <u>12</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Section Foreman</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co. - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Wade</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Wade</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie Wade</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>703-01-2742</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cliffad Wade - Bernwick - Mo.</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis, massive</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) <u>Hypertension, severe</u>				INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u> <u>15 years</u> <u>11 years</u>	
19a. DATE OF OPERATION <u>None</u>		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) 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>July 1, 1950</u> , to <u>Aug 11, 1950</u> , that I last saw the deceased alive on <u>Aug 10, 1950</u> , and that death occurred at <u>5:36 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Henry M. Barber M.D.</u>				23b. ADDRESS <u>WABASH EMPLOYEES HOSPITAL MOBERLY, MO.</u>		23c. DATE SIGNED <u>Aug 11 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 12-1950</u>		24c. NAME OF CEMETERY OR CREMATORIAL HOME <u>Sturgeon</u>		24d. (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 12-50</u>		REGISTRAR'S SIGNATURE <u>Leard Mearns Lowe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes & Boothe</u>		ADDRESS <u>Sturgeon - Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: AUG 2 2 1950
DISTRICT HEALTH OFFICE #2
District File Number
Date Filed:

OCT 18 1950

Date Received: AUG 2 2
DISTRICT HEALTH OFFICE
District File Number 8-5
Date Filed: AUG 2 2 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *R. E. Boothe*

Licensed Embalmer No. *4087*

P. O. Address *Sturgis - Mo.*

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.