

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4416 Registrar's No. 29

1830

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

1. PLACE OF DEATH a. COUNTY <b>PLATTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PLATTE CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PLATTE CITY</b>	
c. LENGTH OF STAY (In this place) <b>10 YRS.</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>DAN</b> b. (Middle) <b>(NONE)</b> c. (Last) <b>WADE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 11, 1950</b>		
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH 18, 1872</b>		9. AGE (In years last birthday) <b>78</b> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (RET.)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

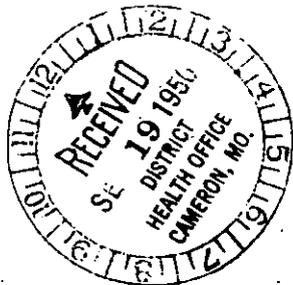
13a. FATHER'S NAME <b>PLEASANT WADE</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET LAMB</b>		14. NAME OF HUSBAND OR WIFE <b>EVALINA JACKSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. BETTY BABCOCK, DEARBORN, Mo.</b>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ischemic myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial infarction</b> DUE TO (c) <b>Generalized arteriosclerosis &amp; hyper-tension</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **Nov 1948** to **Sept 1950**, that I last saw the deceased alive on **Sept 11, 1950** and that death occurred at **8:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. G. Graham, M.D.</b>		23b. ADDRESS <b>Platte City, Mo.</b>		23c. DATE SIGNED <b>9/13/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9-13-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PLATTE CITY CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>PLATTE CITY, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>9-13-50</b>	REGISTRAR'S SIGNATURE <b>Alpha Rollins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rollins &amp; Mitchell</b>	ADDRESS <b>Platte City, Mo.</b>		



**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 Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Flatte City, 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.