

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9030**

FILED APR 3 1951

0495

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

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 204		Registrar's No. 162			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital				d. STREET ADDRESS (If rural, give location) 2619 Salem					
3. NAME OF DECEASED (Type or Print) a. (First) Marguerite			b. (Middle)		c. (Last) Wade		4. DATE OF DEATH (Month) (Day) (Year) March 27 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 26, 1900		9. AGE (In years last birthday) 50 if UNDER 1 YEAR: Months Days if UNDER 1 HR.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Belleville, Mo.			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lou Mackey			13b. MOTHER'S MAIDEN NAME Anna Reel			14. NAME OF HUSBAND OR WIFE Robert D. Wade			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert D. Wade 2619 Salem				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Infectious Hepatitis</i> <i>suppurative</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 20 days approx	
19a. DATE OF OPERATION		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) (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 3/2 , 19 51 , to 3/27 19 51 , that I last saw the deceased alive on 3/27 , 19 51 , and that death occurred at 10 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>R. L. Crawford M.D.</i>				23b. ADDRESS <i>Joplin Mo.</i>			23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-29-51		24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial		24d. LOCATION (City, town, or county) (State) Joplin Missouri			
DATE REC'D BY LOCAL REG. 3-31-51		REGISTRAR'S SIGNATURE <i>James H. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary Joplin, Mo.					

RECEIVED 4-2-51
Jasper County Health Office

County File Number 51/3/280

Date Filed 4-2-51

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 F. M. Jones

Licensed Embalmer No. 2819

P. O. Address Joplin 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.