S. No. 300
v. 10.48

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FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11791

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 21 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home 405 E 2nd St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton 0143
d. STREET ADDRESS (If rural, give location): 405 E 2nd St

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): B
c. (Last): WADE

4. DATE OF DEATH (Month) (Day) (Year): April 19 1951

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M 1
8. DATE OF BIRTH: Aug 25-1896
9. AGE (In years last birthday): 54 — If under 1 year: Months 7, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): attendant
10b. KIND OF BUSINESS OR INDUSTRY: state Hos #1
11. BIRTHPLACE (State or foreign country): Boone Co Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Moss Wade
13b. MOTHER'S MAIDEN NAME: Mattie Via
14. NAME OF HUSBAND OR WIFE: Mrs H. B. Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): dK (If yes, give war or dates of service): dK
16. SOCIAL SECURITY NO.: dK
17. INFORMANT'S SIGNATURE OR NAME: Hos Records State Hos #1 Fulton
ADDRESS: Fulton

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes mellitus

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-19, 1951, *to* 4-19, 1951, *that I last saw the deceased alive on* 4-18, 1951 *and that death occurred at* 2a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Caldwell M. D. 0
23b. ADDRESS: State Hos #1 Fulton Mo
23c. DATE SIGNED: 4-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Apr. 22-1951
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Columbia, Mo.

DATE REC'D BY LOCAL REG.: April-20-1951
REGISTRAR'S SIGNATURE: Maretta Lawrence 426
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wallace Funeral Home, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 23 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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 Russell C. Maag

Signed _____
Student Embalmer

Licensed Embalmer No. 4804

P. O. Address Fulton, 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.