

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 15260

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

BIRTH NO. _____		REG. DIST. NO. <u>331</u>		PRIMARY REG. DIST. NO. <u>4486</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>BENTON</u>		c. LENGTH OF STAY (in this place) <u>81 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BENTON</u> <u>1000</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BENTON</u>				d. STREET ADDRESS (If rural, give location) <u>BENTON</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u>		b. (Middle) <u>VICTORIA</u>		c. (Last) <u>WADE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 16 1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>APRIL 14 1870</u>	
9. AGE (in years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>ROBERT BAY WADE</u>		13b. MOTHER'S MAIDEN NAME <u>ANN HENDERSON</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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BRYON WADE BENTON, MO.</u>			
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* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis with Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS. <u>Hypertension</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Mitral Regurgitation and Stenosis</u>				INTERVAL BETWEEN ONSET AND DEATH	
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) <u>4201</u>			
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>Dec. 1946</u> , to <u>April 16, 1951</u> , that I last saw the deceased alive on <u>April 14, 1951</u> , and that death occurred at <u>6:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. P. Bogan</u> D. O.				23b. ADDRESS <u>Benton, Missouri</u>		23c. DATE SIGNED <u>Apr. 19, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 19 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRIEND CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ORAN SCOTT COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>April 24-51</u>		REGISTRAR'S SIGNATURE <u>Me Addie Harris</u> 395		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl J. Smith</u>		ADDRESS <u>Oran, Mo.</u>	

RECEIVED APR 26 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 451-95

APR 1 1951

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 Earl J. Smith

Licensed Embalmer No. 2676

P. O. Address Oren 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.