

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15547  
Registrar's No. 3347

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5067

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) IANTHA		c. CITY (If outside corporate limits, write RURAL and give township) IANTHA	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) SQUIRE		b. (Middle) HAMILTON	
		c. (Last) WADE	
4. DATE OF DEATH (Month) (Day) (Year) MAY 12th 1951			
5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 26 1951
9. AGE (In years last birthday) 95		10. MONTHS 9	11. DAYS 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY BARBER	11. BIRTHPLACE (State or foreign country) COLE COUNTY, MISSOURI
		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME WILLIAM WADE		13b. MOTHER'S MAIDEN NAME SARAH A. LANE	14. NAME OF HUSBAND OR WIFE SARAH A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXXX		16. SOCIAL SECURITY NO. XXXX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. J. McCREA, IANTHA, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		4201	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:15a m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>W.S. Harmon, Coroner</i>		23b. ADDRESS <i>Lamar, Mo</i>	
		23c. DATE SIGNED 5-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAY 16 1951	
		24c. NAME OF CEMETERY OR CREMATORY IANTHA CEMETERY	
		24d. LOCATION (City, town, or county) (State) IANTHA, MISSOURI	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 15 1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Marie Konantz</i> KONANTZ FUNERAL HOME, LAMAR, MISSOURI	

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

2060

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 21 1951

Dist. File 537-9156

Date Filed 5-22-51

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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 \_\_\_\_\_

*Frank W. Denton*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.