

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17327

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 22a

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MONROE</u>	
b. CITY OR TOWN <u>FANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONROE CITY 1690</u>	
c. LENGTH OF STAY (In this place) <u>8 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>1609 NORTH CHESTNUT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>NELL</u>	b. (Middle) <u>BELL</u>	c. (Last) <u>WADE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 5 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEBRUARY 18-1877</u>	9. AGE (In years) (If under 1 year: Months Days Hours Min.) <u>74</u> <u>3</u> <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>SHELBY COUNTY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>W.R.P. JACKSON</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie Holmes</u>	14. NAME OF HUSBAND OR WIFE <u>J. Gardner WADE</u>
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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 <u>H. E. ...</u> ADDRESS <u>Monroe City Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u>
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 25, 1951, to JUNE 5, 1951, that I last saw the deceased alive on JUNE 4, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>John H. Robb M.D.</u> (Degree or title)	22b. ADDRESS <u>Monroe City Mo</u>	22c. DATE SIGNED <u>6/7/51</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-8-1951</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Junes Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>MONROE CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-8-51</u>	REGISTRAR'S SIGNATURE <u>W.E. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; SON</u> ADDRESS <u>MONROE CITY, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

644  
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RECEIVED JUN 12 1951  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 13 1951

SEP 18 1952

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 me

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*Lester L. Wilson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3614

P. O. Address Monroe 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.