

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23984
Registrar's No. 253

804

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>92 days</u>		d. STREET ADDRESS (If rural, give location) <u>1513 S. Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hoop.</u>			
3. NAME OF DECEASED a. (First) <u>Eulah</u> b. (Middle) <u>Jane</u> c. (Last) <u>Wade</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5, 1951</u>
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>Feb. 6, 1892</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Houstonia, Mo</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm Witeig</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Corbeth</u>	14. NAME OF HUSBAND OR WIFE <u>William Wade</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm Wade</u> ADDRESS <u>1513 S. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>recurrent Carcinoma of the Uterus.</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of the Uterus operated in 1943</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None other.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		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) <u>None.</u>		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>1943</u> to <u>August 5th, 1951</u> , that I last saw the deceased alive on <u>August 5th, 1951</u> , and that death occurred at <u>4:55 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri.</u>	23c. DATE SIGNED <u>Aug. 6th, 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros.</u> ADDRESS <u>519 S. Ohio</u>	
DATE REC'D BY LOCAL REG. <u>8-7-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

RECEIVED 8-13-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-13-51

APR 30 1956

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 *K P M Corary*

Signed _____
Student Embalmer

Licensed Embalmer No. 3153

P. O. Address *Sedalia*

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.