

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41127**

FILED DEC 18 1951

BIRTH NO. _____ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **5368** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Daviess	
d. CITY (If outside corporate limits, write RURAL and give township) Coffey		c. CITY (If outside corporate limits, write RURAL and give township) Coffey	
c. LENGTH OF STAY (In this place) Yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---			

3. NAME OF DECEASED (Type or Print)	a. (First) Milo	b. (Middle) Benjamin	c. (Last) Wade	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 9 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Daviess County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John T. Wade	13b. MOTHER'S MAIDEN NAME Elizabeth Coughy	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME George Wade, Coffey, Missouri	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days 20 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension and Arteriosclerosis		
DUE TO (c) 2 previous hemorrhages in 1942 + 1943		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 352X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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? 352X
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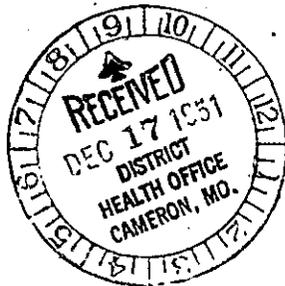
22. I hereby certify that I attended the deceased from **Nov 21, 1951**, to **Nov 26, 1951**, that I last saw the deceased alive on **Nov 26, 1951**, and that death occurred at **6:45A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J.S. Baumgardner DO	23b. ADDRESS Box 88 Coffey, Mo	23c. DATE SIGNED Nov 29 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-30-1951	24c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery	24d. LOCATION (City, town, or county) (State) Coffey Missouri
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DATE REC'D BY LOCAL REG. 15 Dec. 1951	REGISTRAR'S SIGNATURE Regina M. Enright	25. FUNERAL DIRECTOR'S SIGNATURE J.O. Pugh	ADDRESS Hope Funeral Home, Gallatin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 *L. O. Richardson*

Signed.....

Student Embalmer

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.