

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42220

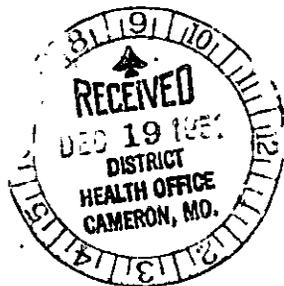
FILED DEC 21 1951

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5699</u>		Registrar's No. <u>169</u>		
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairview Twp. (Rural)</u>		c. LENGTH OF STAY (in this place) <u>56 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Fairview Twp.</u>		0590		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Avalon, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Near Avalon, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u> b. (Middle) <u>ANNA</u> c. (Last) <u>WADE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 23, 1859</u>		
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>McDonah County, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Otis Hendrickson</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy A. Hutton</u>		14. NAME OF HUSBAND OR WIFE <u>William Wade</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arnol Wade, Avalon, Missouri</u>		ADDRESS _____		
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				INTERVAL BETWEEN ONSET AND DEATH <u>5 or 6 yrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chc. Myocarditis</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 _____				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>4222</u>				
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? _____				
22. I hereby certify that I attended the deceased from <u>June-1, 1949</u> , to <u>Dec-13, 1951</u> , that I last saw the deceased alive on <u>Dec-12, 1951</u> , and that death occurred at <u>4:30 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. Callier M.D.</u>				23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>Dec 14/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Avalon</u>		24d. LOCATION (City, town, or county) (State) <u>Avalon, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 14/51</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>		171 25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald Gordon</u>		ADDRESS <u>Chillicothe, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Callier



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 Ronald Jordan.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4191.....

P. O. Address Chillicothe, 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.