

STANDARD CERTIFICATE OF DEATH

1850

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5639 Registrar's No.

540
3

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Twns</u> c. LENGTH OF STAY (in this place) _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarinda</u> 8140 d. STREET ADDRESS (If rural, give location) <u>8</u>	
--	--	--	--

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Roscoe</u> c. (Last) <u>Cade</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1952</u>		
---	--	--	---	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 18, 1935</u>	9. AGE (In years less birthday) <u>16</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 28 HRS. Hours _____ Mins. _____
---------------------------	-------------------------------------	--	---	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>IOWA</u>	12. CITIZEN OF WHAT COUNTRY? _____
---	---	---	--

13a. FATHER'S NAME <u>Frank E. Cade Jr</u>	13b. MOTHER'S MAIDEN NAME <u>Emma R. Burnside</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Cade</u> <u>Clarinda Iowa</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>Died of Burns received in motor truck collision</u> ANTECEDENT CAUSES <u>in motor truck collision</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>in 49mph</u> DUE TO (c) <u>Body badly damaged, when removed from front of burning truck</u> II. OTHER SIGNIFICANT CONDITIONS <u>Rear of front trunk which collided with oil transport truck</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH _____
--	--	--	--

19a. DATE OF OPERATION <u>no operation</u>	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in 49 mph highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Odessa Lafayette Mo</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 6-52 8A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Truck collision - head on</u>
---	--	---

22. I hereby certify that I attended the deceased from death, 1952, to Feb 6, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 8A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Martin MD Coroner</u>	23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>2-6-52</u>
--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Clarinda, Iowa</u>
--	---	--	---

DATE REC'D BY LOCAL REG. <u>Feb. 6, 1952</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>husman-sparks</u> <u>Odessa, Mo.</u>
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1954

622 46

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.....
Student Embalmer

Signed James L. Thomas

Licensed Embalmer No. 7541

P. O. Address Oslen, 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.