

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11658

State File No.

FILED APR 12 1952

BIRTH NO. REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 18

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saline | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Slater | |
| c. LENGTH OF STAY (in this place) 32 yrs | | 1971 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION none | | d. STREET ADDRESS (If rural, give location) 132 W. Maple | |

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|-------------------------------------|---------------------------|------------------------|-----------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Russell | b. (Middle) Guy | c. (Last) Wade | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 4-1952 |
|-------------------------------------|---------------------------|------------------------|-----------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|---|--------------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Mch. 16-1896 | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR (Month) (Day) 0 18 | IF UNDER 24 HRS. (Hour) (Min.) |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive fireman | 10b. KIND OF BUSINESS OR INDUSTRY no | 11. BIRTHPLACE (State or foreign country) Odessa, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Ad Wade | 13b. MOTHER'S MAIDEN NAME Emma Twin Johnson | 14. NAME OF HUSBAND OR WIFE Inez Wade |
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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) yes World War One | 16. SOCIAL SECURITY NO. 708-10-3738 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Inez Wade | ADDRESS Slater, Mo |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 hrs Year ? ? |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Coronary DUE TO (c) Hypertension | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION 4/20/52 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOME BIDE (Specify) Accident | 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) (Min.) 7:00 AM 4/3/52 | 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 **April 3, 1952** to **April 3, 1952**, that I last saw the deceased alive on **April 3, 1952**, and that death occurred **April 3, 1952**, from the causes and on the date stated above.

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| 22a. SIGNATURE H. E. Lester (Degree or title) | 23b. ADDRESS Slater Mo. | 23c. DATE SIGNED |
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|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/8/1952 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) Slater, Mo. |
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| DATE REC'D BY LOCAL REG. 4-7-1952 | REGISTRAR'S SIGNATURE Mrs. Earl C. Neely | 25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers | ADDRESS Slater, Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1952

APR 19 1952

MAR 2 1961

SEP 1 1960

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

A. C. Hill

Licensed Embalmer No. _____

3090

P. O. Address _____

States 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.