

AUG 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 288331
Registrar's No. 34

BIRTH NO.		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4355		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY NEW MADRID				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEW MADRID			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID.		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) NEW MADRID. 0721			
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME				d. STREET ADDRESS (If rural, give location) 218 TENAL			
3. NAME OF DECEASED (Type or Print) EMMA		a. (First)		b. (Middle) (NONE)		c. (Last) WADE	
4. DATE OF DEATH (Month) (Day) (Year) ANG 8 1952		5. SEX 3 FEMALE		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH ANG 7-1888		9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) NEW MADRID, MO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME BILL HUNTER		13b. MOTHER'S MAIDEN NAME KITTY DALLAS		14. NAME OF HUSBAND OR WIFE HENRY WADE NEW MADRID	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME HENRY WADE NEW MADRID			
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>Cerebral arteriosclerosis, precocious of breast</u> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		170 X	
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)			
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 2 July, 1951, to Aug, 1952, that I last saw the deceased alive on Aug, 1952, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE Charles E. Richards M.D.				23b. ADDRESS New Madrid Mo		23c. DATE SIGNED 9 Aug 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-12-52		24c. NAME OF CEMETERY OR CREMATORY FANNIE POWELL		24d. LOCATION (City, town, or county) (State) NEW MADRID MO	
DATE REC'D BY LOCAL REG. 8/14/52		REGISTRAR'S SIGNATURE Helen Louisa Jones		25. FUNERAL DIRECTOR'S SIGNATURE RICHARDS		ADDRESS NEW MADRID, MO	

(License of Embalmer's Statement on Reverse Side)

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

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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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address New Madrid, 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.