No. 300
10.48

FILED AUG 29 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

28856

State File No.

BIRTH NO. 29 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 83

732

**1. PLACE OF DEATH**
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sales Memorial Hosp

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Neosho~~ Joplin 0735
d. STREET ADDRESS (If rural, give location): 907 W. 13th Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Nelson
c. (Last): Wade Jr

**4. DATE OF DEATH** (Month) (Day) (Year): Aug 7, 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Child
**8. DATE OF BIRTH**: Aug 2, 1952
**9. AGE** (In years last birthday): If under 1 year: Months; Days: 5; If under 24 hrs.: Hours; Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Child
**10b. KIND OF BUSINESS OR INDUSTRY**: Child
**11. BIRTHPLACE** (City and State or Foreign Country): Neosho, Mo
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John N. Wade
**13b. MOTHER'S MAIDEN NAME**: Barbra Abernathy
**14. NAME OF HUSBAND OR WIFE**: Child

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: John N. Wade
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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 96 Hours.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pelvic disproportion
DUE TO (c) Birth - Posterior presentation

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**: 7610
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Aug 4, 1952, *to* Aug 7, 1952, *that I last saw the deceased alive on* July, 1952, *and that death occurred at* 9:00 A. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: R. Dayton M.D. (Degree or title)
**23b. ADDRESS**: Neosho Mo
**23c. DATE SIGNED**: 11 Aug 52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Aug 8 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Belefast Cem
**24d. LOCATION** (City, town, or county) (State): Neosho-RF4

**DATE REC'D BY LOCAL REG.**: 8-11-52
**REGISTRAR'S SIGNATURE**: Melvin C. Bowman M.D. 223-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Clark-Bigham
ADDRESS: Neosho Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NEWTON COUNTY HEALTH UNIT

District Health Officer No.

District File Number 852-143

Date Filed AUG 19 1952

NEOSHO, MISSOURI

---

**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 Jesse O. Sullivan Jr

Licensed Embalmer No. 4646

P. O. Address Neosho, 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.