S. No. 300
v. 10.48

FILED JAN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2608

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 8

850
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Big Piney, Missouri
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Big Piney, Missouri 0650
d. STREET ADDRESS (If rural, give location): None 0

3. NAME OF DECEASED (Type or Print)
a. (First): Azle
b. (Middle): Edwin
c. (Last): Wade

4. DATE OF DEATH (Month) (Day) (Year): Jan 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 4, 1918
9. AGE (In years last birthday): 34 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Civil Service
11. BIRTHPLACE (State or foreign country): Waynesville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Henery Wade
13b. MOTHER'S MAIDEN NAME: Effie Jefferies
14. NAME OF HUSBAND OR WIFE: Lucy Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WAR II 3/13/42-10/9/45
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Lucy Wade — ADDRESS: Big Piney Mo

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): Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

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.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
085
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): RURAL - Big Piney Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Big Piney Pulaski Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JAN 13 1953 2A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Carbon Monoxide From Motor Seeping in CAR

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:00 a m., from the causes and on the date stated above.* estimated time

23a. SIGNATURE (Degree or title): Billy Quinn Hedges Co Coroner
23b. ADDRESS: Crocker, Missouri
23c. DATE SIGNED: Jan 14/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 16/53
24c. NAME OF CEMETERY OR CREMATORY: Palace Cemetery
24d. LOCATION (City, town, or county) (State): Palace, Missouri

DATE REC'D BY LOCAL REG.: 1-14-53
REGISTRAR'S SIGNATURE: Eula Mae Anderson 459
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hedges Funeral Home Waynesville, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-14-53
Pulaski County Health Officer
File Number 1-17-53
Date Filed

MAR 4 1955

JAN 29 1953

JUN 18 1955

JAN 27 1953

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.