

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9498**

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **367**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" Republic 0390	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL		d. STREET ADDRESS (If rural, give location) RT. #1, REPUBLIC	
3. NAME OF DECEASED (Type or Print) a. (First) JERRY		b. (Middle) BRIAN	
c. (Last) WADE		4. DATE OF DEATH (Month) (Day) (Year) APRIL 7-1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 7-1899
9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 1 DAY Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) REPUBLIC, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM LUTHER WADE	
13b. MOTHER'S MAIDEN NAME MATTIE C. JACKSON		14. NAME OF HUSBAND OR WIFE MRS. WADE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME MRS WADE		ADDRESS REPUBLIC MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 748 hr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilat. pulmonary atelectasis		48 hr	
DUE TO (c) Acute dilatation of stomach		48 hr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 4/7 , 19 53 , to 4/7 , 19 53 , that I last saw the deceased alive on 4/7 , 19 53 , and that death occurred at 12:25 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Edith Williamson (Degree or title)		23b. ADDRESS Springfield, Mo	
23c. DATE SIGNED 4/8/53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE APRIL 9-1953		24c. NAME OF CEMETERY OR CREMATORY WADE CHAPEL	
24d. LOCATION (City, town, or county) (State) GREENE CO., MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE John Alan Harris	
25. ADDRESS Clevey, Mo.		DATE REC'D BY LOCAL REG. 4-9-53	
REGISTRAR'S SIGNATURE Edith Williamson Registrar		25. ADDRESS Clevey, Mo.	

APR 21 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

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.