

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18434
State File No. _____
Registrar's No. 238

495
3

FILED MAY 20 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2007

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN
c. LENGTH OF STAY (If in this place) 1 YEAR
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL (D.O.A.)

2. USUAL RESIDENCE (Where deceased lived; if in institution, residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN 0495
d. STREET ADDRESS (If rural, give location) 1907 PERKINS 0

3. NAME OF DECEASED (Type or Print)
a. (First) ERNEST b. (Middle) LEE c. (Last) WADE
4. DATE OF DEATH (Month) (Day) (Year) 5 6 '53

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 8. DATE OF BIRTH OCT. 25, 1896 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 100 Hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER RETIRED 10b. KIND OF BUSINESS OR INDUSTRY FARMING 11. BIRTHPLACE (State or foreign country) PURDY, MO. U. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME ELIZAH WADE 13b. MOTHER'S MAIDEN NAME PEARLEE LANE 14. NAME OF HUSBAND OR WIFE NONE (DIVORCED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) YES W/W # 1 9/20/17 to 7/13/19 16. SOCIAL SECURITY NO. 445-01-5224 17. INFORMANT'S SIGNATURE OR NAME ADDRESS CONNELLY WADE RT #3 JOPLIN

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) Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Due to Hypertention (Unknown)
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
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 4200 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) 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 5/6, 1953, to 5/6, 1953, that I last saw the deceased alive on 5/6, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 321 Frisco Building, Joplin, Mo. 23c. DATE SIGNED 5/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 5/9/53 24c. NAME OF CEMETERY OR CREMATORY OSBORN MEMORIAL PARK JOPLIN MO. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5-12-53 REGISTRAR'S SIGNATURE Ed S. James 138 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HORNHILL-DILLON 305 W. 4TH ST. JOPLIN

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

RECEIVED 5-19-53
Jasper County Health Office

County File Number 53-5-432

Date Filed 5-19-53

MAY 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *William E. Huddleston*

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.