

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21940**
Registrar's No. **090728**

FILED JUN 23 1953

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **34217**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if not institution) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) 67yrs		d. STREET ADDRESS (If rural, give location) 13th and Jefferson St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 13th and Jefferson			

3. NAME OF DECEASED (Type or Print)	a. (First) LAURA	b. (Middle) ELLEN	c. (Last) WADE	4. DATE OF DEATH (Month) (Day) (Year) June 13, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 14, 1860	9. AGE (In years) (last birthday) 92	IF UNDER 1 YEAR Months 9	IF UNDER 11 HRS. Days 29	Hours 1	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Kentucky /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Josh Huckaby	13b. MOTHER'S MAIDEN NAME Elizabeth Mansfield	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Hickam	ADDRESS Webb City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis	DUE TO (b) Generalized Atherosclerosis		Heart - State
ANTECEDENT CAUSES	DUE TO (c) Senility		" "
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6/8/53**, to **6/13/53**, that I last saw the deceased alive on **6/13/53**, and that death occurred at **3:45pm.**, from the causes and on the date stated above.

23a. SIGNATURE Mrs. Nellie D. O. (Degree or title)	23b. ADDRESS 924 W. Doughty, W.C.	23c. DATE SIGNED 6/15/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
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DATE REC'D BY LOCAL REG. 6-15-53	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-22-53
Jasper County Health Office

County File Number 53-6-520
Date Filed 6-22-53

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 Leonard J. Lewis Jr.

Licensed Embalmer No. 4541

P. O. Address Wills City, 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.