

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25671**

FILED JUL 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>247</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before administration) a. STATE <u>Illinois</u> b. COUNTY <u>Hancock</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Augusta</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>9</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward H.</u> b. (Middle) <u>Wade</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 22, 1876</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>William D. Wade</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Bagley</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Wade</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>xx</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edward Wade</u> ADDRESS <u>Augusta, Illinois</u>			
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) <u>myocardial failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Heart block & myocarditis</u> DUE TO (c) <u>age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>5 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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)		<u>4222</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>June 120</u> , 19 <u>53</u> , to <u>July 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6/13</u> , 19 <u>53</u> , and that death occurred at <u>6:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. W. Furrall, M.D.</u>				23b. ADDRESS <u>Hull, Ill.</u>		23c. DATE SIGNED <u>7/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosemount</u>		24d. LOCATION (City, town, or county) (State) <u>Plymouth Illinois</u>	
DATE REC'D BY LOCAL REG. <u>7/7/53</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Crawford Smith</u> ADDRESS <u>Hannibal Missouri</u>			

189-0 (Licensed Embalmer's statement on Reverse Side)

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

RECEIVED JUL 14 1953
MARION CO. HEALTH DEPT.
DATE FILED JUL 14 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 S. Spaul
Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.