

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25728**

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **5814** Registrar's No. **17**

0710

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

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Twp. Buffalo		c. LENGTH OF STAY (in this place) 2 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 14 miles South Stover		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Buffalo Twp. 0710	
		d. STREET ADDRESS (If rural, give location) 14 miles South Stover	

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) Arthur	c. (Last) Wadick	4. DATE OF DEATH (Month) (Day) (Year) July 23, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 23, 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR 0 Days	IF UNDER 24 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Lillis, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME T.W. Wadick	13b. MOTHER'S MAIDEN NAME Cathryn Curteen	14. NAME OF HUSBAND OR WIFE none
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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 Charles Wadick	ADDRESS Stover, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatism DUE TO (c) Malignancy of the prostate gland		
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	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 **March 5, 1952**, to **April 22, 1953**, that I last saw the deceased alive on **April 27, 1952**, and that death occurred at **5:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Thomas P. Wescott (Degree or title) D.O.	23b. ADDRESS Stover, Missouri	23c. DATE SIGNED July 24, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 25, 1953	24c. NAME OF CEMETERY OR CREMATORY St. Patricks Cem.	24d. LOCATION (City, town, or county) (State) Chapman Kansas
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DATE REC'D BY LOCAL REG. July 24, 1953	REGISTRAR'S SIGNATURE Thos. Ruppberger	25. FUNERAL DIRECTOR'S SIGNATURE J. L. Stevinson	ADDRESS Stover, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.