Form No. 300
Rev. 10.48

FILED FEB 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1645

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pleasant Hill 0190 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): E.
c. (Last): Wade

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21, 1954

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 29, 1923
9. AGE (In years last birthday): 30 — If under 1 year: Months / Days — If under 1 day: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (City and State or Foreign Country): Picher, Okla.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James O. Wade
13b. MOTHER'S MAIDEN NAME: Ossie F. Farrar
14. NAME OF HUSBAND OR WIFE: Rose Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 494 14 7458
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Rose Wade, Pleasant Hill, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Fractured Ribs Ruptured Liver & Spleen Abdominal
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO: (b) Retroperitoneal Hemorrhage
DUE TO: (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fracture Facial Bones

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Jackson (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-21-54 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Auto Car Turned Over

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 12:30Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jerome A. Owens Coroner
23b. ADDRESS: 1034 Rialto Bldg
23c. DATE SIGNED: 1-21-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/26/54
24c. NAME OF CEMETERY OR CREMATORY: Lees Summit Cemetery
24d. LOCATION (City, town, or county) (State): Lees Summit, Mo.

DATE REC'D BY LOCAL REG.: 1-24-54
REGISTRAR'S SIGNATURE: [signature]
FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Geo. C. Gerson, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1958

FEB 1

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 Largo E. Brown

Licensed Embalmer No. 4794

P. O. Address Independence 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.