

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22247

State File No. \_\_\_\_\_  
Registrar's No. 402

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5135</u>		State File No. _____		Registrar's No. <u>402</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).						
a. COUNTY <u>Butler</u>		b. CITY (If outside corporate limits, write RURAL and give town or city name) <u>Brosley, Mo. Rural</u>			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Brosley</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home ASA Hill Tw</u>					STREET ADDRESS (If rural, give location) <u>Route #1</u>						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			6. COLOR OR RACE		
a. (First) <u>James Isaac Frank</u>			b. (Middle) <u>Cade</u>			c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1954</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>Aug. 18, 1880</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			9. AGE (In years last birthday) <u>73</u>			IF UNDER 1 YEAR Months _____ Days _____		
11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>Jake Cade</u>			13b. MOTHER'S MAIDEN NAME <u>Emely Sanders</u>		
14. NAME OF HUSBAND OR WIFE <u>Pearl Cornell Cade</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Cade Brosley, Mo.</u>		
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) <u>Bes gas disease</u>					II. OTHER SIGNIFICANT CONDITIONS						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					ANTECEDENT CAUSES						
DUE TO (b) <u>arterio sclerosis.</u>					DUE TO (c) _____						
Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION <u>7-6-54</u>			19b. MAJOR FINDINGS OF OPERATION <u>Swelling of foot + lower leg.</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>4501</u>					
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? _____					
22. I hereby certify that I attended the deceased from <u>7-5</u> , 19 <u>54</u> , to <u>7-11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-11</u> , 19 <u>54</u> , and that death occurred at <u>10:00P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Print or title) <u>Wm H. Hirschman M.D.</u>					23b. ADDRESS <u>Poplar Bluff, Mo.</u>			23c. DATE SIGNED <u>7-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>7-13-54</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Brown Chapel</u>			24d. LOCATION (City, town, or county) (State) <u>Brosley, Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>7/20/54 R.H. Mueller</u>					25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>						

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

RECEIVED  
JUL 26 1954  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

VS OCT 15 1959

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Wallace R. Knight  
Licensed Embalmer No. 4574  
412 Van  
P. O. Address poplar st

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.