

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 28 1954

BIRTH NO. 89029-54 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 184

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Neosho</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Route # 4, 0730</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry Steven</u> b. (Middle) <u>Wade</u> c. (Last) <u>Wade</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 16, 1954</u>
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Webb City, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Robert L. Wade</u>		13b. MOTHER'S MAIDEN NAME <u>Retha M. Reding</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert L. Wade</u>	
				ADDRESS <u>Neosho, 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>Congenital Esophageal atresia</u>		ANTECEDENT CAUSES		DUE TO (b) <u>Pneumonitis + atelectasis</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>2 days</u>	
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"/>	
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>7630</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Dec. 16, 1954, to Dec. 18, 1954, that I last saw the deceased alive on Dec. 18, 1954, and that death occurred at 8:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Warren M. Jones D.O.</u>		23b. ADDRESS <u>Neosho, Mo</u>		23c. DATE SIGNED <u>12/20/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belfast Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rt. # 4, Neosho, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-21-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline S. Suter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham</u>		ADDRESS <u>Neosho, Mo.</u>	
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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 *Jesse O Sullins Jr.*

Licensed Embalmer No. *4646*

P. O. Address *Neshe, Va*

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.