

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9077

State File No. ....

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2926 Registrar's No. 83

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia Rural</u>  |  | c. CITY OR TOWN <u>Sedalia</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>47 yrs.</u>   |  | STREET ADDRESS (If rural, give location) <u>Route 1</u>   |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Rt. 1 (6 miles south Sedalia)</u>  |  |   |   |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sidney Elizabeth</u> b. (Middle) <u>Wadleigh</u> c. (Last) _____   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1955</u>   |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>October 25, 1875</u>  |
| 9. AGE (In years) (Month) (Day) (Year) <u>79</u>   |  | 10. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home-making</u>  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Portsmouth, Ohio</u>  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |   |   |
| 13a. FATHER'S NAME <u>James N. Brown</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Martha C. Davis</u>  | 14. NAME OF HUSBAND OR WIFE <u>Leslie E. Wadleigh</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. <u>None</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leslie E. Wadleigh, Route 1,</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION <u>Sedalia, Mo</u>  |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>9 hrs</u>   |   |
| ANTECEDENT CAUSES  |  | <u>years</u>  |   |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |  | <u>year</u>   |   |
| MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Myocarditis</u>   |  | <u>year</u>   |   |
| DUE TO (c) <u>Myocardial degeneration</u>  |  | <u>year</u>   |   |
| II. OTHER SIGNIFICANT CONDITIONS   |  | <u>year</u>   |   |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>  |  |   |   |
| 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)   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)   | 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>2-10, 1950</u> to <u>3-25, 1955</u> , that I last saw the deceased alive on <u>3-25, 1955</u> , and that death occurred at <u>10:45 a.m.</u> , from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u>  |  | 23b. ADDRESS <u>Woodland Hosp. Sedalia Mo</u>   | 23c. DATE SIGNED <u>3-28-1955</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>3/28/55</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>  | 24d. LOCATION (City, town, or county) (State) <u>Windsor, Mo.</u>   |
| DATE REC'D BY LOCAL REG. <u>3/28/55</u>  | REGISTRAR'S SIGNATURE <u>[Signature]</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Sedalia, Mo.</u>  |   |

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

(Licensed Embalmer's Statement on Reverse Side)

*11*

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... *R. E. Baker* .....

Licensed Embalmer No. *2419*

P. O. Address *Seelabie*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes cause 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.