

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16916

State File No.

BIRTH NO.		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lafayette</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lexington</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>	
c. LENGTH OF STAY (in this place) <u>2 Da.</u>		c. CITY OR TOWN <u>Higginsville</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>Memorial Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural (7 Mi. S. W.)</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Sarah</u>	b. (Middle) <u>Pinnell</u>	c. (Last) <u>Wade</u>	(Month) <u>May</u>	(Day) <u>8</u>	(Year) <u>1956</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>
8. DATE OF BIRTH <u>March 1-1885</u>	9. AGE (In years last birthday) <u>71 2</u>	10. 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>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Calhoun, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Ward Wade</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Musher</u>
14. NAME OF HUSBAND OR WIFE <u>deceased</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>Ward Wade</u>	ADDRESS <u>Warrensburg, Mo.</u>	18. CAUSE OF DEATH	19. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial infarction</u>	ANTECEDENT CAUSES	DUE TO (b) <u>Arteriosclerotic Heart Disease</u>	DUE TO (c) <u>Essential Hypertension</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.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<u>16 hrs.</u> <u>not known</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)
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>1-3</u> , 19 <u>58</u> to <u>5-8-2</u> , 19 <u>56</u> that I last saw the deceased alive on <u>5-8</u> , 19 <u>56</u> , and that death occurred at <u>4:25 A.M.</u> , from the causes and on the date stated above.	23a. SIGNATURE <u>Gilbert E. Fulpherson</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Higginsville Mo</u>	23c. DATE SIGNED <u>5-11-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-12-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shawnee Mound</u>	24d. LOCATION (City, town, or county) (State) <u>Shawnee Mound Mo.</u>	DATE REC'D BY LOCAL REG. <u>5-17-56</u>	REGISTRAR'S SIGNATURE <u>Wm. E. Edmonds</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Wm. E. Edmonds</u>	ADDRESS <u>Higginsville</u>
(Licensed Embalmer's Statement on Reverse Side)							

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

300
48

56

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... *Forrest P. Hoefler*

Licensed Embalmer No 4801....

P. O. Address Higginville

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.