No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 7 - 1956

State File No. 33023

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5010 Registrar's No. 72

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

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Bolckow
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): R.F.D. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN: Rural Bolckow
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): R.F.D. 1

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

4. DATE OF DEATH (Month) (Day) (Year): 10-30-1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-16-1882
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 6, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Adams Co Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alfred Wade
13b. MOTHER'S MAIDEN NAME: Melvira Wade
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Charles Wade Bolckow — ADDRESS: 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) Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) A. S. Heart
DUE TO (c) Disease — 2 yrs.

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: 526X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-12-, 1954, *to* 10-29-, 1956, *that I last saw the deceased alive on* 10-27-, 1956, *and that death occurred at* 12 05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Warren C Bakeny
23b. ADDRESS: Savannah, Missouri
23c. DATE SIGNED: 10-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-1-1956
24c. NAME OF CEMETERY OR CREMATORY: Gravel Wall
24d. LOCATION (City, town, or county) (State): near Fillmore mo

DATE REC'D BY LOCAL REG.: 1-7-56
REGISTRAR'S SIGNATURE: Lillian Spuk
25. FUNERAL DIRECTOR'S SIGNATURE: Breit Funeral Home — ADDRESS: Savannah mo

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalr

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. C. Breit

Licensed Embalmer No. 2657

P. O. Address Savannah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.