

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **352333**
Registration District No. **77** Primary Registration District No. **3016** Registrar's No. **332**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City <i>026/8</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 617 R E Dunklin St		d. STREET ADDRESS (If outside, give location) 617 R E Dunklin St	
Length of stay in 1b 46 years		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle EDWARD Last WADE			4. DATE OF DEATH Month October Day 14th Year 1957
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 1st 1911
9. AGE (In years last birthday) 46		10. KIND OF BUSINESS OR INDUSTRY Shoe Shine Parlor	
11. BIRTHPLACE (City and state or country) Galesburg, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John E. Wade		14. MOTHER'S MAIDEN NAME Imo. Irene Bates	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs Vella Wade, Jefferson City, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Aortic Aneurysm			INTERVAL BETWEEN ONSET AND DEATH 5, min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aortic Aneurysm			2 yrs
DUE TO (c) Syphilitic Aortitis			10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cardiac Hypertrophy			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 11:20 Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 30, 1955 and last saw her alive on Oct 12, 1957 Death occurred at 11:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William A. Doss (Degree or title)		22b. ADDRESS D. SODLAFAYE + E	
		22c. DATE SIGNED Oct 16 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 19th 1957	
23c. NAME OF CEMETERY OR CREMATORY Longview Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.	
24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 19 October 1957	
		26. REGISTRAR'S SIGNATURE R. P. Norris, MA-MR.	

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 *Donald P. Freeman*
Donald P. Freeman
Licensed Embalmer No... 4623

P. O. Address... Jefferson City
Missouri

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.