

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020842

STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 16 Primary Registration District No. 5076 Registrar's No. 9

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Barton</u>	a. STATE <u>Missouri</u>		b. COUNTY <u>Barton</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richland Township</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Jasper</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Two Miles N. Jasper</u>	Length of stay in 1b <u>12yr.</u>	d. STREET ADDRESS <u>3 miles N. Jasper</u>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Fred</u>	Middle <u>Harrison</u>	Last <u>Wade</u>	Month <u>July</u>	Day <u>3</u> , Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 11, 1891</u>	9. AGE (In years last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Washburn, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13. FATHER'S NAME <u>Tracy Wade</u>		14. MOTHER'S MAIDEN NAME <u>Sadie Scott</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>492-42-7767</u>		17. INFORMANT Address <u>Mrs. Blanche Wade, Jasper, Mo.</u>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u>		<u>Instantly</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic myocardosis</u>	
	DUE TO (c) <u>4222</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		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 <u> </u> Month, Day, Year <u> </u> g. m. <u> </u> p. m. <u> </u>				
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 at time of death 7/3/58 and last saw her him alive on .
Death occurred at near 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>J. Darwin Magee, D.O.</u>	22b. ADDRESS <u>Jasper, Mo.</u>	22c. DATE SIGNED <u>7/4/58</u>
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23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <u>July 5, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u>
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24. FUNERAL DIRECTOR <u>Martin Selvey</u>	ADDRESS <u>Jasper, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 4, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Hazel St. Pugh</u>
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service
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 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, Coroner, etc. must see only standard nomenclature at 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.
 info added by Jerry B. C.

MEDICAL CERTIFICATION

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 *Lawson T. Sharp*.....

Licensed Embalmer No. *49*.....

P. O. Address *Garner*.....

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