

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028040  
STATE FILE NUMBER

FILED AUG 13 1958

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MTN GROVE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>MTN GROVE</b> <sup>1141</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>W. NORTH ST</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>EMMA WADE</b>			4. DATE OF DEATH Month Day Year <b>7-25-1958</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-25-1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>73</b>
11. BIRTHPLACE (City and state or country) <b>WRIGHT CO. MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>JAMES E. BREEDHOVE</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH SHELBY</b>	14. NAME OF HUSBAND OR WIFE <b>TOM WADE</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or years of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>OMER WADE MTN GROVE, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Atherosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Not known</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension, Arteriosclerosis</b>			<b>Not known</b>
DUE TO (c) <b>Thyroid Hyperplasia</b>			<b>50 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in PART I (a)) <b>4201</b>			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 Month, Day, Year a.m. p.m.			
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 <b>Aug 1, 58</b> to <b>July 25-58</b> and last saw her alive on <b>July 24, 1958</b> Death occurred at <b>6:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b>		22b. ADDRESS <b>[Address]</b>	22c. DATE SIGNED <b>7-28-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>7-27-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hibber Rest</b>	23d. LOCATION (City, town, or county) (State) <b>MTN GROVE, MO.</b>
24. FUNERAL DIRECTOR <b>Stable-Windle</b>		25. DATE RECD. BY LOCAL REG. <b>July 31-1958</b>	26. REGISTRAR'S SIGNATURE <b>Bernice R. Silverman</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed  
8-11-1958

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 *Frank Goble* .....

Licensed Embalmer No. *4140* .....

P. O. Address *July, Glens, S* .....

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.