

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025491

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3300 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Johnson</i>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas city mo</i>		Length of stay in lb <i>5 weeks</i>	c. CITY OR TOWN <i>_____</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Lukes Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>110th & Mission Rd</i>

3. NAME OF DECEASED (Type or print) First Middle Last <i>Henry Taylor Wade</i>			4. DATE OF DEATH Month Day Year <i>July 4 1959</i>			
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>7-1-1886</i>	9. AGE (last birthday) <i>73</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>owner Indian Valley Stables</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Christian Co Mo</i>	11. BIRTHPLACE (City and state or country) <i>Mo</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Taylor Wade</i>	13b. MOTHER'S MAIDEN NAME <i>unknown Hull</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Wade</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes 1908-1911</i>	16. SOCIAL SECURITY NO. <i>485-10-6432A</i>	17. INFORMANT <i>Frances Huoni 1314 E 82nd Ave Kc Mo</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Cor Pulmonale</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Pulmonary Emphysema - advanced</i>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m. 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
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21. I attended the deceased from <i>3-18-48</i> to <i>7-4-59</i> and last saw him alive on <i>7-4-59</i> Death occurred at <i>5:20 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>John H. Wheeler</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>411 Nichols Road K. C. Mo.</i>	22c. DATE SIGNED <i>7-6-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>7-7-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>McConnell Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Nixa, Missouri</i>
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24. FUNERAL DIRECTOR <i>France-Uernall Funeral Home Kc Mo</i>	25. DATE RECD. BY LOCAL REG. <i>7-6-59</i>	26. REGISTRAR'S SIGNATURE <i>Neve Minshall</i>
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION John H. Wheeler

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Russell N. France

Licensed Embalmer No. 425

P. O. Address K. C. M.

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