

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025719

STATE FILE NUMBER

FILED VS JUL 21 1959

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 68

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE TEXAS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) RURAL-MERAMEC		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PAMPA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 ST. Joseph's Hill INF 6yr 3mo 29dy		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 421 GRAY ST
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WADE		4. DATE OF DEATH Month Day Year JUNE 27 1959	
5. SEX M.	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 9 1881
9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 77		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	
10b. KIND OF BUSINESS OR INDUSTRY MERCHANT		11. BIRTHPLACE (City and state or country) WHITESBORO TEXAS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME THOMAS L. WADE		13b. MOTHER'S MAIDEN NAME JUDY McDONALD	14. NAME OF HUSBAND OR WIFE JENNIE LIGON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address Bro. Roch. St. Joseph's Hill Infirmary
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA DUE TO (b) CEREBRAL HEMORRHAGE DUE TO (c) GENERALIZED ARTERIOSCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 FEB. 28 1953 to JUNE 27 1959 and last saw him alive on JUNE 27 1959 Death occurred at JUNE 27 1959 4 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.S. Marder M.D.		22b. ADDRESS St. Joseph's Hill Infirmary	22c. DATE SIGNED 6/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 6/27/59	23c. NAME OF CEMETERY OR CREMATORY Whitesboro	23d. LOCATION (City, town, or county) (State) Whitesboro, Texas
24. FUNERAL DIRECTOR Arthur J. Donnelly	ADDRESS 3840 Lindell	25. DATE RECD. BY LOCAL REG. 6-28-59	26. REGISTRAR'S SIGNATURE Robert E. Bauer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

J. L. Marder, M D.

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 *Frances Williamson*

Licensed Embalmer No. *3565*
P. O. Address *3846 Lind*

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.