

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012110

FILED VS MAR 31 1960 280

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 19

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Platte City		Length of stay in 1b 2 Years	c. CITY OR TOWN Platte City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home In Platte City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS None (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Roy Middle Wade Last	4. DATE OF DEATH Month March Day 10 Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-10-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Ray County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME L. B. Wade	13b. MOTHER'S MAIDEN NAME Anna Mary Yates	14. NAME OF HUSBAND OR WIFE Bertha Wade
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Bertha Wade Platte City, Mo.
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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: IMMEDIATE CAUSE (a) Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 8 mo. 10 yr. 15 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ASCD	
	DUE TO (c) Arteriosclerosis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of nose - cerebral metastasis	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
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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 checked="" 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 **Sept. 1959** to **March 1960** and last saw him alive on **March 9, 1960**
Death occurred at **3:00** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John E. Wilson (Degree or title) MD	22b. ADDRESS Platte City, Mo.	22c. DATE SIGNED 3-12-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-12-1960	23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery	23d. LOCATION (City, town, or county) Platte City, Mo.
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24. FUNERAL DIRECTOR Rollins & Mitchell ADDRESS Platte City, Mo	25. DATE RECD. BY LOCAL REG. Mar. 12, 1960	26. REGISTRAR'S SIGNATURE Uphain Rollins
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Tommy R. Collins, Student Embalmer No. 584
working under my personal supervision.

Student Lawrence R. Collins
Signature of Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 4725

P. O. State City, Mo.

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.