

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-029667**

STATE FILE NUMBER

FILED VS. SEP 12 1960

38

Registration District No. 5120

Registrar's No. 511

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Boone</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>5 months</u>	c. CITY OR TOWN <u>Columbia</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>Boone County Rest Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5 miles North of Col.</u>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Samuel</u> Middle <u>Sublett</u> Last <u>Wade</u>			<b>4. DATE OF DEATH</b> Month <u>9</u> Day <u>8</u> Year <u>1960</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>9/27/1890</u>	<b>9. AGE (last birthday)</b> <u>69</u>	<b>IF UNDER 1 YEAR</b> Months <u>        </u> Days <u>        </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>farm</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Boone County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>William C. Wade</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Amanda Sublett</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Never Married</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> -----	<b>17. INFORMANT</b> Address <u>Mrs. Ora Brooks, Centralia, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>12 hours</u>	
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>						
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>						
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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year _____					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY _____	STATE _____	
<b>21. I attended the deceased from</b> <u>August 1, 1960</u> <b>to</b> <u>Sept. 8, 1960</u> <b>and last saw him</b> <u>alive</u> <b>on</b> <u>Sept. 8, 1960</u> Death occurred at <u>7:00</u> <u>P</u> <u>m</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <u>B. A. Maramba, II, M.D.</u>			<b>22b. ADDRESS</b> <u>1504 East Broadway, Columbia, Missouri</u>		<b>22c. DATE SIGNED</b> <u>9/9/60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>9/10/1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Locust Grove Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) <u>Boone County, Mo.</u>		(State) _____	
<b>24. FUNERAL DIRECTOR</b> <u>Lyman Sprinkle</u>		ADDRESS <u>Columbia, Mo.</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>Sept 9 1960</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs R E Palmer</u>		

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~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lynn M. Sprunt*

Licensed Embalmer No. 4013

P. O. Address Columbia

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.