

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013248

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 118

STATE FILE NUMBER

FILED MAY 15 1961

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington</u>		Length of stay in 1b <u>5 days</u>		c. CITY OR TOWN <u>Augusta</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Augusta</u>		
3. NAME OF DECEASED (Type or print) First <u>Lillie</u> Middle <u>Ann</u> Last <u>Wade</u>				4. DATE OF DEATH Month <u>May</u> Day <u>5</u> Year <u>1961</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2/17/1878</u>	
				9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	
						IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home duties</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Charles Profitt</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Sydney J. Wade</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Sydney J. Wade - Augusta, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized inoperable carcinoma</u> DUE TO (b) <u>Ca cervix</u> DUE TO (c) <u>1 yr ago.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio-sclerotic C-V-R disease</u>						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.)			
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		Month, Day, Year <u>  </u>					
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	
21. I attended the deceased from <u>1 May 61</u> to <u>5 May 61</u> and last saw her alive on <u>4 May 61</u> Death occurred at <u>7 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (D. force or title) <u>V. B. [Signature]</u>				22b. ADDRESS <u>Washington, Mo</u>		22c. DATE SIGNED <u>5 May 61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/8/1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Benton City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Benton Missouri</u>	
24. FUNERAL DIRECTOR <u>T.J. Pitman</u>		ADDRESS <u>Wentzville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5/16/61</u>		26. REGISTRAR'S SIGNATURE <u>Leola C. Hulmann</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Olie Thelkin*

Licensed Embalmer No.

*3759*

P. O. Address

*Augusta*

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.