FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22882

Primary Registration District No. 2000

Registrar's No. 600

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2555 N. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 50 Years

2. USUAL RESIDENCE OF DECEASED: 39

(a) State: Missouri (b) County: Greene

(c) City or town: Springfield
(If outside city or town limits, write "RURAL")

(d) Street No.: 2555 N. Broadway 6
(If rural, give location) 0

(e) Citizen of foreign country: no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Edward E. Wadley

3. (b) If veteran, name war: W-W-I

3. (c) Social Security No.: ?

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Beatrice Wadley

6. (c) Age of husband or wife if alive: ? years

7. Birth date of deceased: December (Month) 28, (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
52	6	25	..... hr. ..... min.

9. Birthplace: Olden (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Railroad Switchman

11. Industry or business: Switchman on Railroad

FATHER
12. Name: William Wadley
13. Birthplace: Kentucky (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Mattie Due
15. Birthplace: Illinois (City, town, or county) (State or foreign country) 1

16. (a) Informant: Mrs. A. W. Wadley
(b) Address: Springfield, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director: J. W. Klingner
(b) Address: Springfield, Mo.

19. (a) 7-23-48 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 21 day 21 year 1948 hour 10 minute 00 a.m.

21. I hereby certify that I attended the deceased from 7-20, 1948, to 7-21, 1948; that I last saw him alive on 7-20, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	10 min
Due to: Chronic Myocardial Insufficiency	2 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 ✓
While at work? (Specify type of place) (e) Means of injury:

23. Signature: [illegible] (M. D. or other) MD

Address: Springfield Mo Date signed: 7-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1940

JUL 30 1948

OCT 8 1954

SEP 17 1954

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Ogle Stone Jr.

Licensed Embalmer No.....

P. O. Address.....Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.