

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8862

State File No.

No. 300
10.48

FILED MAR 25 1949

44
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BIRTH NO. _____ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 2001 Registrar's No. 127

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY JASPER	b. STATE MISSOURI		c. COUNTY JASPER
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	d. STREET ADDRESS (If rural, give location) 1623 Pearl Street	
c. LENGTH OF STAY (in this place) 50 yrs.		e. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1623 Pearl Street	

3. NAME OF DECEASED (Type or Print)	a. (First) MINNIE	b. (Middle) MAE	c. (Last) WADE	4. DATE OF DEATH	(Month) 3	(Day) 15	(Year) 49
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-15-1870	9. AGE (In years last birthday) 78	10. MONTHS 7	11. DAYS 0	12. HOURS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Racine, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Richard Gilstrap	13b. MOTHER'S MAIDEN NAME Margaret Buchanan	14. NAME OF HUSBAND OR WIFE R. N. Wade
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.	17. INFORMANT'S SIGNATURE OR NAME R.N.Wade, 1623 Pearl, Joplin, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fecal fistuli and abdominal wall abscesses		12-23-47
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured appendix		12-14-47
II. OTHER SIGNIFICANT CONDITIONS Disturbed food assimilation and electrolyte balance incident to above		12-23-47	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5501	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1 () ()
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1947, to 3-15, 1949 that I last saw the deceased alive on 3-15, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Lawrence L. ...</i>	(Degree or title)	23b. ADDRESS 308 Frisco Bldg, Joplin, Mo.	23c. DATE SIGNED 3-16-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-17-49	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 3-18-49	REGISTRAR'S SIGNATURE <i>Edna ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>...</i>	ADDRESS PARKER-HUNSAKER MORTUARY, JOPLIN, MO
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1976
10/25

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
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin Mo*

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