

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18900

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4099		Registrar's No. 84		
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill</u>			c. LENGTH OF STAY (in this place) <u>9 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill</u>			19	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Campbell St.</u>				d. STREET ADDRESS (If rural, give location) <u>S. Campbell</u>				3
3. NAME OF DECEASED (Type or Print) a. (First) <u>Caroline</u>			b. (Middle) <u>Rebecca</u>		c. (Last) <u>Wade</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 30 1882</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Months Days	IF UNDER 1 Wks. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Kingsville, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>John Hale</u>		13b. MOTHER'S MAIDEN NAME <u>Mahalie Cook</u>		14. NAME OF HUSBAND OR WIFE <u>George Wade</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Wade Pleasant Hill, Mo.</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X		
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR _____				
22. I hereby certify that I attended the deceased from <u>6-3</u> , 19 <u>49</u> , to <u>6-6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-6</u> , 19 <u>49</u> , and that death occurred at <u>10:13 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clifford M.D. (1)</u>				23b. ADDRESS <u>Pleasant Hill Mo</u>		23c. DATE SIGNED <u>6-10-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 10, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen Brunfill Pleasant Hill</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Glenn H. Hill.....

Licensed Embalmer No. 4586.....

P. O. Address Phasant Hill, Md......

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.