

FILED MAR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5598

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4383 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Graham</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Graham</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (First) <u>Charles</u> (Middle) <u>E.</u> (Last) <u>Wakely</u>		4. DATE OF DEATH (Month) <u>2</u> (Day) <u>25</u> (Year) <u>1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-12-1877</u>
9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR (Month) <u>6</u> (Day) <u>13</u>	IF UNDER 2 HRS. (Hour) <u></u> (Min.) <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Maitland - Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>Am.</u>
13a. FATHER'S NAME <u>William Wakely</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Colwell</u>	14. NAME OF HUSBAND OR WIFE <u>Inez Wakely</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Inez Wakely-Graham</u> ADDRESS <u>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, asthensia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral Regurgitation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NOX</u>	
19a. DATE OF OPERATION	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) m.	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 <u>April 1947</u> , to <u>Feb. 25, 1950</u> , that I last saw the deceased alive on <u>Feb. 25, 1950</u> , and that death occurred at <u>9:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M.C. New</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Maitland, Mo.</u>	
23c. DATE SIGNED <u>2/25/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-27 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ref P. Cem -</u>	24d. LOCATION (City, town, or county) (State) <u>Maitland - Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-4-1950</u>	REGISTRAR'S SIGNATURE <u>Beas Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Hutchinson</u> ADDRESS <u>Marionville Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

840

SEP 3 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

G M Atkinson

Licensed Embalmer No. *2279*

P. O. Address *Marysville, 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.