

FILED SEP 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27630

BIRTH NO. _____		REG. DIST. NO. 238		PRIMARY REG. DIST. NO. 4355		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID. 0721</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAI</u>			b. (Middle)		c. (Last) <u>WADE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-5-50</u>
5. SEX <u>M. 2</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 3 - 1899</u>	9. AGE (In years last birthday) <u>51</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>NEW MADRID.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>LEWIS WADE</u>			13b. MOTHER'S MAIDEN NAME <u>EDIE HUNTER</u>		14. NAME OF HUSBAND OR WIFE <u>BESSIE WADE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Wade New Madrid 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, asthma, 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
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertension</u>					
		DUE TO (c) <u>Senility</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>331X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)			
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 <u>Jan</u> , 1946, to <u>Sept 5</u> , 1950, that I last saw the deceased alive on <u>Sept 3</u> , 1950, and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>O.B. Chandler M.D.</u> (Degree or title)				23b. ADDRESS <u>New Madrid Mo</u>		23c. DATE SIGNED <u>9/6/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FANNIE POWELL</u>		24d. LOCATION (City, town, or county) (State) <u>NEW MADRID. MO</u>		
DATE REC'D BY LOCAL REG. <u>9-10-50</u>		REGISTRAR'S SIGNATURE <u>Helena Lued Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards and Co.</u>		ADDRESS <u>New Madrid Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 14 1950

DISTRICT HEALTH OFFICE No. 6

Form No.

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed

Donald Roberts

Signed.....
Student Embalmer

Licensed Embalmer No. *4722*

P. O. Address *New Market*

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.