

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30095

State File No.

FILED SEP 29 1951

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give township) OREGON	c. LENGTH OF STAY (in this place) 40 YEARS	c. CITY (If outside corporate limits, write RURAL and give township) OREGON <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) OLLIE	b. (Middle)	c. (Last) WADE	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 15 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED <u>2</u>	8. DATE OF BIRTH JUNE 13, 1855	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) DECATUR, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J. WESLEY SMITH	13b. MOTHER'S MAIDEN NAME HENRIETTA MANLEY	14. NAME OF HUSBAND OR WIFE CLIFTON J. WADE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. LORA BROWN	ADDRESS OREGON, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA, HYPOSTATIC.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MITRAL INSUFFICIENCY DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FILOX			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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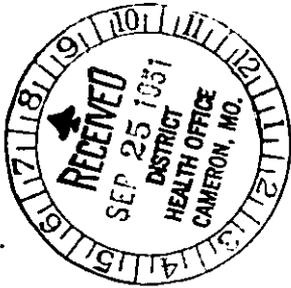
22. I hereby certify that I attended the deceased from JULY 22 1951 to SEPT. 15, 1951, that I last saw the deceased alive on 9-14, 1951, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard E. Collier A.B., D.O.	23b. ADDRESS 2 Oregon, Mo.	23c. DATE SIGNED 9-17-51
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9-17-1951	24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE	24d. LOCATION (City, town, or county) (State) OREGON, MO.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 9-18-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettigrew	ADDRESS Oregon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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

James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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. !