

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23861

FILED JUL 16 1952

BIRTH NO. REG. DIST. NO. 5-2 PRIMARY REG. DIST. NO. 5183 Registrar's No. 42

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write BUREAU OF HEALTH DEPARTMENT (Township)) TOWN Jackson (Rural)	c. LENGTH OF STAY (In this place) life	c. CITY (If outside corporate limits, write BUREAU OF HEALTH DEPARTMENT (Township)) TOWN Jackson (Rural)	d. STREET ADDRESS (If rural, give location) Route 3
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Jackson c. (Last) Wade			4. DATE OF DEATH (Month) (Day) (Year) July 6, 1952		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 30, 1868	9. AGE (In years last birthday) 83	10. UNDER 1 YEAR Months 10 Days 6	11. UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Private Family		11. BIRTHPLACE (State or foreign country) Jackson, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME James Wade		13b. MOTHER'S MAIDEN NAME Amelia Green		14. NAME OF HUSBAND OR WIFE Lula Wade	
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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 Albert Wade, 245 Union, Jackson, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		DUE TO (b) <u>Hypertension</u>				2 mo.	
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				several years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____				_____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443X		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 June 19, 1952, to July 6, 1952, that I last saw the deceased alive on July 6, 1952, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. L. McDonald M.D.		23b. ADDRESS Jackson, Mo.		23c. DATE SIGNED 7-9-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1952		24c. NAME OF CEMETERY OR CREMATORY Russell Hets. Cemetery Jackson, Mo.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG July 10-52		REGISTRAR'S SIGNATURE D. G. Sibus		25. FUNERAL DIRECTOR'S SIGNATURE F. D. Sparks		ADDRESS Cape Gir., Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

*Frank Sparks*

Signed.....

Student Embalmer

Licensed Embalmer No. 3455

P. O. Address. Ref. Standard M

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.