S. No. 300
v. 10.48

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31359

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 893

0395

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1014 S. Weller

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, 0395
d. STREET ADDRESS (If rural, give location): 1014 S. Weller

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): L.
c. (Last): Wade

4. DATE OF DEATH (Month) (Day) (Year): October 2, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: August 30, 1888
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Dentistry
11. BIRTHPLACE (City and State or Foreign Country): Cabool, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Millard Wade
13b. MOTHER'S MAIDEN NAME: Dora Mason
14. NAME OF HUSBAND OR WIFE: Mrs. Clara Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Clara Wade — ADDRESS: Springfield, Mo

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): Carcinoma Prostate — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs.

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.
Uremia 177X — 1 week

19a. DATE OF OPERATION: 1940
19b. MAJOR FINDINGS OF OPERATION: Mayo clinic Carcinoma Prostate
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1, 1952 *to* 10-2, 1952 *that I last saw the deceased alive on* 10-2, 1952 *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robt Vineyard 0
23b. ADDRESS: Springfield MO
23c. DATE SIGNED: 10-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Oct. 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Greenlawn
24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 10-3-52
REGISTRAR'S SIGNATURE: Edith Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1957

NOV 15 1957

OCT 14 1957

OCT 14 1957

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 L Dookie Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.