. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42746

BIRTH NO. 77475 REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): La Belle 0560
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Rosie
b. (Middle): Irlene
c. (Last): Dade

4. DATE OF DEATH (Month) (Day) (Year): December 27, 1952

5. SEX: 3 Female
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ----- 0
8. DATE OF BIRTH: November 19, 1952
9. AGE (In years last birthday): If under 1 year: Months 1; Days; If under 24 hrs.: Hours; Min.

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

13a. FATHER'S NAME: Robert Lee Dade
13b. MOTHER'S MAIDEN NAME: Marylin Rosella Mamley
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Irlene Barr
ADDRESS: La Belle, 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) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 490X
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* Nov. 19, 1952, *to* Dec. 27, 1952, *that I last saw the deceased alive on* Dec. 26, 1952, *and that death occurred at* 11:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harry L. McBrocken (Degree or title) D. O.
23b. ADDRESS: La Belle, Mo.
23c. DATE SIGNED: 12/28/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 12/29/52
24c. NAME OF CEMETERY OR CREMATORY: La Belle Cemetery
24d. LOCATION (City, town, or county) (State): La Belle, Missouri

DATE REC'D BY LOCAL REG.: 12-31-52
REGISTRAR'S SIGNATURE: P. W. Jennings M.D. 161-B
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: La Belle

(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~~ prepared by me, or by myself

Burial was in less than 24 hrs. Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed: J. L. Coder Jr.

Licensed Embalmer No. 4328

P. O. Address Liberal, 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.