

S. No. 300
IV. 10.48

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4827

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 45

0105

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY OR TOWN Columbia	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Hallsville	0109
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		d. STREET ADDRESS (If rural, give location) Route 2	

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) JANE	c. (Last) WADE	4. DATE OF DEATH Feb. 6, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 19, 1870	9. AGE (In years last birthday) 82	10 UNDER 1 YEAR 8 Months	11 UNDER 100 Hrs 17 Days
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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 (City and State or Foreign Country) Saline County, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Harrison Stone	13b. MOTHER'S MAIDEN NAME Zerilda Stice	14. NAME OF HUSBAND OR WIFE Henry Thomas Wade
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.E. Phillippe	ADDRESS Route 2, Hallsville
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac tamponade.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture of myocardium. DUE TO (c) myocardial infarct DUE TO (c) coronary thrombosis.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Diabetes mellitus 2) gall stones.		?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 4 Feb, 1953, to 6 Feb, 1953, that I last saw the deceased alive on 6 Feb, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Elsie P. Rodgers, M.D.	23b. ADDRESS Columbia Mo. 101 West Broadway	23c. DATE SIGNED 6 Feb 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 8, 1953	24c. NAME OF CEMETERY OR CREMATORY Dripping Springs Cemetery	24d. LOCATION (City, town, or county) Boone County, Missouri (State)
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DATE RECD BY LOCAL REG. Feb 7 1953	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE 31 Parson Funeral Service, Columbia Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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 *M. S. Philbrick* _____

Licensed Embalmer No. *3893* _____

P. O. Address *Champion* _____

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.