No. 300
10.48

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

FILED JUN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20008

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5206

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potosi
d. STREET ADDRESS (If rural, give location): 1100 /

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

4. DATE OF DEATH (Month) (Day) (Year): May 19 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow V
8. DATE OF BIRTH: June 15 1870
9. AGE (In years last birthday): 82
If under 1 year: Months 11 Days 4
If under 24 hrs.: Hours ___ Min. ___

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

13a. FATHER'S NAME: Thomas Hood
13b. MOTHER'S MAIDEN NAME: Elizabeth Kay
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Emma Tucker
ADDRESS: Festus 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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — 4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Rheumatoid arthritis — 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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?: 331X

22. *I hereby certify that I attended the deceased from* 5-14, 1953, *to* 5-19, 1953, *that I last saw the deceased alive on* 5-19, 1953, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Kimelman (Degree or title): M.D.
23b. ADDRESS: 3409 Union St Louis Mo
23c. DATE SIGNED: 5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-22-53
24c. NAME OF CEMETERY OR CREMATORY: Sun Set Hills Cem.
24d. LOCATION (City, town, or county) (State): Washington Co. Mo

DATE REC'D BY LOCAL REG.: MAY 25 1953
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs. Luther Spaik
ADDRESS: Potosi Mo.

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Murphy L. Sparks

Licensed Embalmer No. 4256

P. O. Address Ft Pat Rivers 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.