

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22107**

FILED JUN 22 1953

no. 300  
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BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5666</u>		Registrar's No. <u>54</u>			
1. PLACE OF DEATH a. COUNTY <u>Newis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Adams</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Grange</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quincy</u>		9120 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. F. Hake - McBray P.H.</u>				d. STREET ADDRESS (If rural, give location) <u>Chaddock School</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dale</u> b. (Middle) <u>Lee</u> c. (Last) <u>Wadleigh</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 '53</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 28, 1943</u>			
9. AGE (in years last birthday) <u>10</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MIN. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago, Ill.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Florida Wadleigh</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Kenneth Bailey, La Grange, Mo.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u>						INTERVAL BETWEEN ONSET AND DEATH	
		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.  <u>9292</u> <u>42</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) <u>Swamp pit</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>La Grange 056 Lewis Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 31, 1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>While swimming in Mo. Swamp pit</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Carl H. Buckley, Councilor 3, Canton, Missouri</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>June 3-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>June 3 '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Herscher, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>6-19-53</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Kenneth Bailey, La Grange, Mo.</u>					

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 <sup>Not</sup> embalmed by me, <sup>EMbedmed</sup> or by

Harrison Funeral Home, Quincy, Ill. Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed J. Kenneth Bailey  
Licensed Embalmer No. 4248  
P. O. Address La Grange, 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.