

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27847

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 902

1. PLACE OF DEATH a. COUNTY <u>Suchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If limitation: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Graham - 2740</u>	
c. LENGTH OF STAY (In this place) <u>5 wks - 3 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Inez</u> b. (Middle) <u>Ethel</u> c. (Last) <u>Wakely</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-18-1953</u>
--	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-2-1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>76</u> Days	IF UNDER 24 HRS. Hours <u>76</u> Min.
----------------------	-------------------------------	---	----------------------------------	---	---------------------------------------	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Maitland - Mo -</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>Thomas Elliott</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Rozell</u>	14. NAME OF HUSBAND OR WIFE <u>Chas Wakely - deceased</u>
--	--	---

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>Olin Wakely - Graham - Mo -</u>	ADDRESS
--	-------------------------------------	--	---------

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>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
	ANCECEDENT CAUSES DUE TO (b) <u>arteriosclerosis - general</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>15 years</u>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vaginal hysterectomy</u>		

19a. DATE OF OPERATION <u>7-29-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fibrosis of uterus</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	--	--

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)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from 8/28, 1953, to 8/17, 1953, that I last saw the deceased alive on 8/17, 1953 and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Johnson, M.D.</u> (Degree or title)	23b. ADDRESS <u>420 N. 8th, City</u>	23c. DATE SIGNED <u>8/18/53</u>
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-20-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maitland Cem -</u>	24d. LOCATION (City, town, or county) (State) <u>Maitland - Mo</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Aug 20, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Johnson</u> ADDRESS <u>Maryville, Mo</u>
--	--	--

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

SEP 3 1954

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

G. M. Altes

Licensed Embalmer No. *2279*

P. O. Address *Mayville, Ma*

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.