

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **36616**

FILED OCT 27 1953

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **52**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY NEW Madrid	b. COUNTY MISSOURI	a. STATE MISSOURI	b. COUNTY NEW Madrid
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW Madrid	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW Madrid	072/
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) MAJOR	a. (First) MAJOR	b. (Middle) WADE	c. (Last) WADE	4. DATE OF DEATH (Month) (Day) (Year) OCT-13-1953
5. SEX M.	6. COLOR OR RACE COLORED.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.	8. DATE OF BIRTH Nov-21-1879	9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) NEW Madrid, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME HENRY WADE SR.	13b. MOTHER'S MAIDEN NAME JOSEPHINE MINNIEWEATHERS	14. NAME OF HUSBAND OR WIFE MARY ELIZA WADE
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 Henry Wade
		ADDRESS New Madrid, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Three hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			Free hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) hypertension		unknown
	DUE TO (c) atherosclerosis		unknown
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		331X
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) 331X
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?

22. I hereby certify that I attended the deceased from 31 Aug, 1953, to 8 Sept, 1953, that I last saw the deceased alive on 8 Sept, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Charles E. Pugh	(Degree or title) MD	23b. ADDRESS New Madrid, Mo	23c. DATE SIGNED 20 Oct 53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Oct 14 1953	24c. NAME OF CEMETERY OR CREMATORY SANDHILL	24d. LOCATION (City, town, or county) (State) NEW Madrid, MO.
DATE REC'D BY LOCAL REG. 10-22-53	REGISTRAR'S SIGNATURE Wesley Louis Jones	25. FUNERAL DIRECTOR'S SIGNATURE Wesley Louis Jones	
		ADDRESS New Madrid	

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

10.300
10.48

12

700

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

L. S. Hargyuth

Licensed Embalmer No. 3803

P. O. Address New Medical, Inc.

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.