.300
.48

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

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5761

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: PETTIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA
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): BOTHWELL HOSPITAL 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: PETTIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SEDALIA 0804
d. STREET ADDRESS (If rural, give location): 334 N. Hill 0

3. NAME OF DECEASED (Type or Print)
a. (First): DELIA
b. (Middle): ANN
c. (Last): WADE

4. DATE OF DEATH (Month) (Day) (Year): Mar 3, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 16, 1892
9. AGE (In years last birthday): 63 — If under 1 year: Months ___ Days ___ If under 1 hr.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Boone County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Martin Caruthers
13b. MOTHER'S MAIDEN NAME: Fannie Pigg
14. NAME OF HUSBAND OR WIFE: W. J. Wade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: W. J. Wade, Sedalia, Missouri

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): Diabetic Gangrene. — Interval between onset and death: 45 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardio- Vascular Disease. — Over 2 yrs.
DUE TO (c): Chronic Nephritis. — Over 2 years.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Cholecystitis. Over 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Medical only. 592X No.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None.
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): None. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 3rd 1955 *to* March 3rd, 1955 *, that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1.50 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Jno. B. Carlisle, M.D. Jno. B. Carlisle M.D.
(Degree or title)
23b. ADDRESS: Sedalia, Missouri-3-4-55.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/5/55 25-0
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State): Sedalia, Mo.

DATE REC'D BY LOCAL REG.: 3-5-55
REGISTRAR'S SIGNATURE: Lavina Coontz, Deputy
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Shane Ewing, Sedalia, 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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.