

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Perkins
State File No. 36722

FILED DEC 14 1955

BIRTH NO. 75549-55 REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 37

0460

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

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>		c. LENGTH OF STAY (in this place) <u>6 hrs</u>	c. CITY OR TOWN <u>Mtn. View</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0460</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WANDA</u> b. (Middle) <u>SUE</u> c. (Last) <u>WADE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9-1955</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>Dec. 8-1955</u>
9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Willow Springs, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>CLARENCE O. WADE, JR.</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE MAY SCHWIEN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARENCE WADE JR. RT 2 Mtn. View, 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>ATELECTASIS CONGENITAL</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 6 hours</u> 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>7620</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)		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 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 <u>12/8, 1955</u> , to <u>12/9, 1955</u> , that I last saw the deceased alive on <u>12/9, 1955</u> , and that death occurred at <u>1:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.B. Perkins, M.D.</u>		23b. ADDRESS <u>Willow Springs, Mo.</u>	
23c. DATE SIGNED <u>12/9/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 9-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn. View, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 9-55</u>		REGISTRAR'S SIGNATURE <u>Marshall Baird</u> 387-1	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan's Mtn. View, Mo.</u>		ADDRESS	

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..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed *Joe P. Duncan*
Licensed Embalmer No. *430*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.