

FILED FEB 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4448BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 4201 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Republic</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rural route 0390</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>		b. (Middle) _____ c. (Last) <u>Wade</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-1956</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>12-5-1876</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 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>Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Frankfort, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joesph M. Sims</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Francis Harper</u>	
14. NAME OF HUSBAND OR WIFE <u>J.B. Wade</u>		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 <u>Mrs Francis Thompson</u> ADDRESS <u>Republic</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>pulmonary edema</u> DUE TO (c) _____ 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"/>		21a. ACCIDENT (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? _____		4201	
22. I hereby certify that I attended the deceased from <u>1-10-</u> , 19 <u>56</u> , to <u>2-16-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-16-</u> , 19 <u>56</u> , and that death occurred at <u>5:30 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R.C. Mitchell M.D.</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Republic Mo</u>	
23c. DATE SIGNED <u>2-19-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-19-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wade Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Republic, Mo.</u>		DATE REC'D BY LOCAL REG. <u>2-20-56</u>	
REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cantrell Fossett</u> ADDRESS <u>Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side) - Republic Missouri

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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. Cantall*.....

Licensed Embalmer No. *485*.....

P. O. Address *Republic*.....

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.