

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12115

State File No. ....

FILED MAR 21 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6195 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Boone</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Boone</u>	
c. LENGTH OF STAY (If in place)		d. STREET ADDRESS (If rural, give location) <u>17 1/2 miles of Luling MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Millard</u> b. (Middle) <u>David</u> c. (Last) <u>Wade</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 6 1956</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 12, 1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tulaski Co MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Wm W. Wade</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Lann</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Wade</u>
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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. Joe Hogen Roller</u> ADDRESS <u>MO</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive arteriosclerosis, Degenerative Decompensative Valvular Heart Disease grade IV</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) <u>Cardiovascular Renal Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Jan 5, 1948, to Mar 5, 1956 that I last saw the deceased alive on Mar 5, 1956, and that death occurred at 125A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Burns, MD</u>	23b. ADDRESS <u>Louiston, MO - 3/10/56</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cradlock Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>March 12, 1956</u>	REGISTRAR'S SIGNATURE <u>Elmore Nesse</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. E. Ferguson</u> ADDRESS <u>Luling MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 22 1958

MAR 21 1958

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.....

*Robert E. Ferguson*

Licensed Embalmer No. ....

*5945*

P. O. Address.....

*Fickling 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.