

FILED AUG 28 1956

STANDARD CERTIFICATE OF DEATH

State File No. 21003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY OR TOWN <b>Princeton</b>		c. CITY OR TOWN <b>Mercer</b>	
c. LENGTH OF STAY (If in hospital or institution) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>0650</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lambert Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Theodore</b>	b. (Middle) <b>F.</b>	c. (Last) <b>Wade</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>8-22-56</b>

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-15-1891</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
--------------------	-------------------------------	---	-----------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	-----------------------------------	--	---

13a. FATHER'S NAME <b>Francis E Wade</b>	13b. MOTHER'S MAIDEN NAME <b>Deyo</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha L. Wade</b>
--	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>496-42-1117</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Bertha Wade</b>	ADDRESS <b>Mercer, Mo</b>
--	--	--	---------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured abdominal aortic aneurysm</b>		<b>7 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>		<b>5 yrs.</b>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>		<b>5 yrs.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>451x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 December, 1954, to 8-22, 1956, that I last saw the deceased alive on August 22, 1956, and that death occurred at 2:00a m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>Frank H. Zahrt, MD</b>	23b. ADDRESS <b>Princeton, Missouri</b>	23c. DATE SIGNED <b>8-25-56</b>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8-23-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lowry</b>	24d. LOCATION (City, town, or county) (State) <b>Mercer Co, Mo</b>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <b>8-25-56</b>	REGISTRAR'S SIGNATURE <b>Noel Moss</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Noel Moss</b>	ADDRESS <b>Princeton, Mo</b>
---	--	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

393  
0

AUG 31 1959

---

---

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 James J. Downey.....

Licensed Embalmer No. 263.....

P. O. Address ..........

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.