

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32902

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 91

| | | | |
|---|---------------------------|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Taney</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u> c. CITY OR TOWN <u>Hollister</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skippy's Hospital</u> | | e. STREET ADDRESS <u>Star Route 10600</u> | |
| 3. NAME OF DECEASED a. (First) <u>Charley</u> b. (Middle) <u>Bass</u> c. (Last) <u>Wade</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-22-56</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Remarried</u> | 8. DATE OF BIRTH <u>2-11-1892</u> |
| 9. AGE (In years last birthday) <u>64</u> | | 10. IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Mildred MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Frank Wade</u> | | 13b. MOTHER'S MAIDEN NAME <u>Helena Jauch</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>none</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OF NAME <u>Ray Wade</u> ADDRESS <u>Hollister 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</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>162X</u> | |
| 19a. DATE OF OPERATION <u>June 13, 56</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Bronchogenic carcinoma involving mediastinum</u> | |
| 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>June 1956</u> , to <u>9-22</u> , 19 <u>56</u> that I last saw the deceased alive on <u>9-22</u> , 1956, and that death occurred at <u>5:32</u> m., from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>Edmund M. ...</u> (Degree or title) _____ | | 23b. ADDRESS <u>Branson MO</u> | |
| 23c. DATE SIGNED, <u>9-23-56</u> | | 24. LOCATION (City, town, or county) (State) <u>Branson MO</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-26-56</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Edwards Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lewisville MO</u> | |
| DATE REC'D BY LOCAL REG. <u>9/28/56</u> | | REGISTRAR'S SIGNATURE <u>Helena Campbell</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Whitfield R. Home</u> | | ADDRESS _____ | |

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 *Winnifred Wheelshus*

Licensed Embalmer No. *277*

P. O. Address *Branston*

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.