

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 29 1956

State File No. **33227**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1120**

I. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY in this place 17 days		e. STREET ADDRESS (If rural, give location) 3225 So. 11th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) A.	c. (Last) WADLEY
4. DATE OF DEATH (Month) (Day) (Year) OCT. 12, 1956			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 6, 1867
9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 4 HRS. Hours 1 Min. 0	11. BIRTHPLACE (City and State or Foreign Country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) harness maker		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Thomas Wadley		13b. MOTHER'S MAIDEN NAME Eliza Terhune	14. NAME OF HUSBAND OR WIFE Hattie Wadley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Records State Hosp #2, St. Joseph, Mo. ADDRESS
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) chronic myocarditis ANTECEDENT CAUSES Due to (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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 Oct 12, 1956 , to Oct 12, 1956 , that I last saw the deceased alive on Oct 12, 1956 , and that death occurred at 9:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) 		23b. ADDRESS State Hospital #2, City	23c. DATE SIGNED 10-20-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 15, 1956	24c. NAME OF CEMETERY OR CREMATORY Miriam Cemetery	24d. LOCATION (City, town, or county) (State) Maryville, Missouri
DATE REC'D BY LOCAL REG. Oct 22, 1956	REGISTRAR'S SIGNATURE Kathleen M. Allison		FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home Maryville, Mo. 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 *Clem M. Price*.....

Licensed Embalmer No. *1828*

P. O. Address *Maryville*.....

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.