FILED OCT 30 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36782

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 203

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) City Hospital — Length of stay in 1b 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN El Dorado Spgs — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 220 Hay (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Thomas Middle Elbert Last Dade

4. DATE OF DEATH Month 10 Day 20 Year 56

5. SEX male **6. COLOR OR RACE** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH** Feb. 15-1880 **9. AGE** (In years last birthday) 76 — 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) Retired **10b. KIND OF BUSINESS OR INDUSTRY** Farmer **11. BIRTHPLACE** (City and state or country) St. Clair Co. Mo **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME D. L. Dade **14. MOTHER'S MAIDEN NAME** Caledonia Bunnett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no **16. SOCIAL SECURITY NO.** ✓ **17. INFORMANT** Margaret King, Address El Dorado Spgs 108 Winner

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute suppression of Urine — 10 hrs

DUE TO (c) Surgical shock from gall

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bladder drainage, palliative colostomy due to obstructive lesion in sigmoid colon

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from Oct. 2, 1956, to October 20, 1956 and last saw her/him alive on Oct. 20, 1956. Death occurred at 9:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Rolla B. Wray, M. D. — **22b. ADDRESS** Nevada Mo — **22c. DATE SIGNED** 10-22-1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 10-22-56 **23c. NAME OF CEMETERY OR CREMATORY** City **23d. LOCATION** (City, town, or county) El Dorado Spgs (State) Mo

24. FUNERAL DIRECTOR Nafies, El Dorado Spgs ADDRESS Mo **25. DATE RECD. BY LOCAL REG.** 10-25-56 **26. REGISTRAR'S SIGNATURE** Anna J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 19 ... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hugh S. Allen

Licensed Embalmer No. 28

P. O. Address El Dorado

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.