

No. 3006
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1654

State File No. _____

FILED JAN 15 1957

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY OR TOWN <u>TOPLIN</u>		c. CITY OR TOWN <u>RFD GALENA, KANSAS</u>	
c. LENGTH OF STAY (In this place) <u>2 DAYS</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>FREEMAN HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>RFD # 2 GALENA, KANSAS</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORAL</u> b. (Middle) <u>EVERETT</u> c. (Last) <u>WADE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 6 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2 MAY 1904</u>	9. AGE (In years last birthday) <u>52</u>	10. UNDER 1 YEAR (Month) (Day) (Year)	11. UNDER 24 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cherokee Co. Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>T. P. WADE</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET Isley</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Wade</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>444-10-2032</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Wade</u>	ADDRESS <u>RFD Galena Kan.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema</u> 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? <u>2</u> 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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 26, 1954, to Janu. 6, 1957, that I last saw the deceased alive on Jan. 6, 1957, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>321 Frisco Building</u>	23c. DATE SIGNED <u>1-7-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-8-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>GALENA KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>1-8-57</u>	REGISTRAR'S SIGNATURE <u>Noel Merriam</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roy P. Dierfeldt</u>	ADDRESS <u>Galena Kan.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

526

County File Number 57-1-10
Date Filed JAN 14 1957

MAR 8 1957

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~~ DERFELT FUNERAL HOME....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy S. Derfelt.....
Licensed Embalmer No. 4945
P. O. Address Galena Kan

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.