

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31654

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 7234 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u>			Inside Limits Yes # No <input type="checkbox"/>	c. CITY OR TOWN <u>Kaolin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				Length of stay in 1b <u>2 da</u>		d. STREET (If outside, give location) ADDRESS <u>12 mi. W of Bellevue</u>			
3. NAME OF DECEASED (Type or print) First <u>NETTIE</u> Middle <u>PEARL</u> Last <u>WADE</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>1957</u>					
5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 8 1894</u>		9. AGE (In years last birthday) <u>62</u>	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Centerville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>John Avery Tate</u>				14. MOTHER'S MAIDEN NAME <u>Mary Alice Shriver</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-42-4011</u>		17. INFORMANT Address <u>Mrs. Edward Townsend, Ironton Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4200</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 years</u>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Sept 18 '57</u> to <u>Sept 20 '57</u> and last saw ^{her} him alive on <u>Sept 20 '57</u> Death occurred at <u>11:50 a m</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Marvin C. Meune M.D.</u>				22b. ADDRESS <u>Ironton, Mo.</u>		22c. DATE SIGNED <u>9-23-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>9-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Memorial Park, Ironton Mo.</u>		23d. LOCATION (City, town, or county) (State)				
24. FUNERAL DIRECTOR ADDRESS <u>White Funeral Home, Ironton Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>9-28-57</u>		26. REGISTRAR'S SIGNATURE <u>Miss Avis Jones</u>			

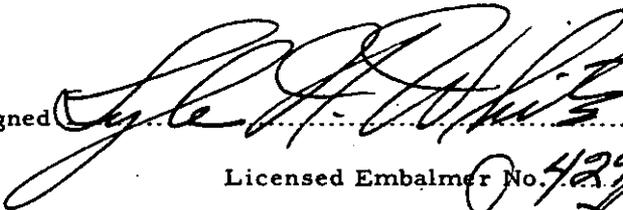
Annel S. White

(Licensed Embalmer's Statement on Reverse Side)

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 

Licensed Embalmer No. 429

P. O. Address *Monte*

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.