

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013736  
State File No.

FILED APR 25 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 67

1. PLACE OF DEATH  
a. COUNTY Dunklin  
b. CITY (If outside corporate limits, write RURAL and give town) Kennett  
c. LENGTH OF STAY (in this place township) 8-days  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dunklin Co. Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Dunklin  
c. CITY OR TOWN Holcomb  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) Route 1 0350

3. NAME OF DECEASED  
a. (First) Sudie b. (Middle) \_\_\_\_\_ c. (Last) Wadley  
4. DATE OF DEATH (Month) (Day) (Year) April 4, 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH April 14, 1889 9. AGE (In years last birthday) 68 11 Months 21 Days 0 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (City and State or Foreign Country) Newbern, Tenn.  
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Boyd Reese 13b. MOTHER'S MAIDEN NAME Sannie McKee 14. NAME OF HUSBAND OR WIFE Grover C. Wadley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No  
16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS G.C. Wadley Holcomb, Mo. Rt. 1

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
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. Bleeding Hiatal Hernia  
INTERVAL BETWEEN ONSET AND DEATH 5d.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? 2  
YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 3-27 1958 to 4-4, 1958, that I last saw the deceased alive on 4-4, 1958, and that death occurred at 10:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul C. Wittenbayer M.D. 23b. ADDRESS Kennett, Mo. 23c. DATE SIGNED 4-16-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/7/58 24c. NAME OF CEMETERY OR CREMATORY Cude 24d. LOCATION (City, town, or county) (State) Senath Mo.

DATE REC'D BY LOCAL REG. 4-18-58 REGISTRAR'S SIGNATURE Paul Wadley 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McDaniel Funeral Service Kennett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

0358

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-21-58

COUNTY FILE NUMBER 458

JAN 7 1960

MAY 5 1958

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 Hubert B. Baird

Licensed Embalmer No. 488

P. O. Address Kennett,

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.