No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035654
State File No.

FILED OCT 24 1958
BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. Registrar's No. 605

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BUTLER
c. CITY OR TOWN: POPLAR BLUFF R.R. # 2
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): 6MI N.W. OF POPLAR BLUFF, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): FLORENCE
c. (Last): WADE

4. DATE OF DEATH (Month) (Day) (Year): OCT. 3, 1958

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 15, 1877
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 9, Days, Hours, 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): ENFIELD, ILL.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WILL MCHENRY
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: GEORGE WADE

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.: --------
17. INFORMANT'S SIGNATURE OR NAME: GEORGE WADE ADDRESS: R.R. # 2 POPLAR BLUFF

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arter. sclerosis
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 ☐ NO ☐ 0

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) m.
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* 6-3-, 1958, *to* 10-3, 1958, *that I last saw the deceased alive on* 10-17, 1958, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. M. Henderson M.D.
23b. ADDRESS: Poplar Bluff Mo
23c. DATE SIGNED: 10-10-58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-6-58
24c. NAME OF CEMETERY OR CREMATORY: ASHHILL CEMETERY
24d. LOCATION (City, town, or county) (State): BUTLER, CO. MO.

DATE REC'D BY LOCAL REG.: 10/17/58
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: [illegible] FUNERAL HOME FISK, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 22 1958
BUTLER CO. HEALTH CENTER
FILE No._____

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond L. Duff

Licensed Embalmer No. 4798

P. O. Address Bernie

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