

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006107
STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 126

300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN 04950 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1623 PEARL ST.		Length of stay in 1b 57 YRS	d. STREET ADDRESS (If outside, give location) 1727 JACKSON AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT NEWTON WADE			4. DATE OF DEATH Month Day Year FEBRUARY 26, 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 3, 1868
9. AGE (In years last birthday) 90		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 MINER & DRILLER		10b. KIND OF BUSINESS OR INDUSTRY MINING	11. BIRTHPLACE (City and state or country) ROANOKE, VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JEFFERSON WADE	
13b. MOTHER'S MAIDEN NAME MAY J. SMITH		14. NAME OF HUSBAND OR WIFE DEC'D MINNIE MAE WADE, 1949	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT SON- ROBERT D. WADE, 2619 SALEM AVENUE,		Address JOPLIN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure Prolonged Recumbency necessitated by Amputation of Left Foot DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			INTERVAL BETWEEN ONSET AND DEATH 10 Days 5 Months Unknown
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION JOPLIN		20f. COUNTY STATE	
21. I attended the deceased from 2-16-59 to 2-26-59 and last saw ^{her} _{him} alive on Feb. 26, 1959 Death occurred at 12:55 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS 211 W. 20th	
22a. SIGNATURE (Degree or title) J. G. Stephens, D.O.		22c. DATE SIGNED 2-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-28-59	
23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,		23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 3-5-1959	
26. REGISTRAR'S SIGNATURE Dove Merriam			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be related. All diseases in Part I must be causally related.

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 *F. M. Jones*

Licensed Embalmer No. *2318*

P. O. Address *Joplin Mo*

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.