

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010464

STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 280 Primary Registration District No. Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>PLATTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>PLATTE CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>PLATTE CITY</b> c. <b>6830</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cat Home.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>WALTER PLEASANT WADE</b>			4. DATE OF DEATH Month Day Year <b>MAR. 28, 1959</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>WH.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT. 11, 1896</b>	
9. AGE (In years last birthday) <b>62</b>		9. AGE (In years) IF UNDER 1 YEAR Months Days Hours Min.		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (RETIRED)</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>	

13a. FATHER'S NAME <b>DAN WADE</b>		13b. MOTHER'S MAIDEN NAME <b>EVA JACKSON</b>		14. NAME OF HUSBAND OR WIFE <b>HAZEL WADE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>497-36-9916</b>		17. INFORMANT Address <b>MRS. HAZEL WADE, PLATTE CITY, MO.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
DUE TO (b) <b>Coronary artery</b>		
DUE TO (c) <b>hypertension had prev</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <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 Death occurred at <b>12:45 pm</b> on <b>3/28/59</b> and last saw her/him alive on <b>3/28/59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>W. Graham Siskind</b>	22b. ADDRESS <b>Platte City, Mo.</b>	22c. DATE SIGNED <b>3/30/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-30-59</b>	23c. NAME OF CEMETERY OR CREMATION <b>PLATTE CITY CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>PLATTE CITY, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>ROLLINS &amp; MITCHELL, PLATTE CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>Mar. 30, 1959</b>	26. REGISTRAR'S SIGNATURE <b>W. Graham Siskind</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Roland W. Giffel* .....

Licensed Embalmer No. *4725*  
P. O. Address *Platte City* .....

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.