

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046582

FILED VS DEC 23 1960

156

Registration District No. Primary Registration District No. 2001

Registrar's No. 608

STATE FILE NUMBER

DED

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		Length of stay in 1b 55 yrs	c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2106 Grand Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WALTER Middle WADE Last WADE			4. DATE OF DEATH Month December Day 12, Year 1960		
5. SEX N	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 21, 1881	9. AGE (last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mill Operator		10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and state or country) Hastings, Nebraska		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME unk		13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE Lucretia Wade	
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. unk	17. INFORMANT Address Mrs. Lucretia Wade, 2106 Grand Avenue		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Major vessel thoracic cavity. DUE TO (b) Fall from tree DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 3 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Above diagnosis by attending physician					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) This man fell out of a tree would not allow his wife summon medical aid - finally lapsed into coma taken to Freeman Hospital diagnosed and died			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> self <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.) Home				
	20f. CITY, TOWN, OR LOCATION Joplin		COUNTY Jasper		STATE Mo.
21. I attended the deceased from Did not attend. and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. M. D. Coroner Jasper County			22b. ADDRESS Med. Arts Bldg. Joplin Mo.		22c. DATE SIGNED 12-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-14-60	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery,		23d. LOCATION (City, town, or county) (State) Joplin, Missouri	
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 12-17-60	26. REGISTRAR'S SIGNATURE Dore Merriam		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 FEB 15

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey E. Cruise

Licensed Embalmer No. 4463

P. O. Address Joplin, Mo

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