

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019247

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 239 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 22 1962**

VS 300  
Rev. 4/59

1 7005  
2 70052  
3  
4 1  
5 2  
6  
7 0  
8 0  
9 4500  
10  
11  
12 86-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>INDEPENDENCE</b>		Length of stay in lb <b>4 Yrs</b>	c. CITY OR TOWN <b>INDEPENDENCE</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SKYVIEW NURSING HOME 1400 RIVERS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>610 W. FARMER</b>
3. NAME OF DECEASED (Type or print) First <b>MINNIE</b> Middle <b>ANN</b> Last <b>WADE</b>		4. DATE OF DEATH Month <b>May</b> Day <b>10</b> Year <b>1962</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</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>9-24-1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	9. AGE (last birthday) <b>89 Yrs</b>
13a. FATHER'S NAME <b>BEN F. BOLAR</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH JANE BENNUM</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</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>NONE</b>	14. NAME OF HUSBAND OR WIFE <b>ALLEN WADE</b>
17. INFORMANT <b>FRED WADE, 2017 RALSTON, INDEP.</b>		Address	
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>Pneumonia - Bilateral</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
DUE TO (b) <b>Senility</b>			<b>1957</b>
DUE TO (c) <b>Generalized arteriosclerotic vascular disease</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 <b>1957</b> , to <b>5-10-62</b> and last saw her alive on <b>4-28-62</b> Death occurred at <b>2:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>E. Ann H. Dorsch, MD</b>		22b. ADDRESS <b>10901 Winner Road-Indep.</b>	22c. DATE SIGNED <b>5-12-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>5-12-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Coffey Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Coffey, Missouri</b>
24. FUNERAL DIRECTOR <b>HOPE FUNERAL HOME GALLATIN, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-12-62</b>	26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 24 1962

JUL 17 1962

**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

*John R. Tidmore*

Licensed Embalmer No. 4531

P. O. Address A. C. Ho

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.