

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035834

STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 2000 Registrar's No. 1275

FILED SEP 24 1963

DO NOT WRITE ON THIS STUB AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	SHOULD READ	ITEM NO.
Rev. 4/59								
10397								
20397								
3								
4 0								
5 1								
6								
7 0								
8 2								
9332X								
10								
11								
12 1-0								
13								

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Length of stay in 1b 45 years	c. CITY OR TOWN Springfield,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Protestant Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1049 E. Stanford
3. NAME OF DECEASED (Type or print) First GURNEY Middle L. Last WADE		4. DATE OF DEATH September 13, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH August 24, 1912
9. AGE (last birthday) 51		IF UNDER 1 YEAR: Months 0 Days 19 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Variety Store Owner	11. BIRTHPLACE (City and state or country) Neosho, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Guy L. Wade	
13b. MOTHER'S MAIDEN NAME Edna Smith		14. NAME OF HUSBAND OR WIFE Beatrice L. Wade	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. II		16. SOCIAL SECURITY NO. Beatrice L. Wade	
17. INFORMANT Springfield, Missouri		Address Springfield, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral infarction			INTERVAL BETWEEN ONSET AND DEATH Dev. vhs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombosis of the basilar artery			
DUE TO (c)			
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 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 a.m. 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 8-23-63 to 9-13-63 and last saw him alive on 9-13-63			
Death occurred at 10:30 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.D.		22b. ADDRESS Springfield, Mo.	22c. DATE SIGNED 9-16-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 16, 1963	23c. NAME OF CEMETERY OR CREMATORY Hazelwood	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR ADDRESS Gorman-Scharpf Funeral Home, Inc. Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 9-18-63	26. REGISTRAR'S SIGNATURE (acting) Bernice Madley

SEP 25 1963

9-13-63

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 Lewis G. Schopf

Licensed Embalmer No. 3802

P. O. Address Springfield, 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.