

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8148

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>121</u>		PRIMARY REG. DIST. NO. <u>5458</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove</u>		c. LENGTH OF STAY (in this place) <u>Several yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walnut Grove Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Wallace</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March - 5 - 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 8 - 1872</u>	
9. AGE (in years last birthday) <u>76</u>		10. MONTHS <u>4</u>		11. DAYS <u>27</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Humansville, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Lawrence Rain</u>				13b. MOTHER'S MAIDEN NAME <u>Pheniba Richardson</u>		14. NAME OF HUSBAND OR WIFE <u>Otto E. Wallace</u> <i>deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>				16. SOCIAL SECURITY NO. <u>1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. C. Kunkin</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke, Paralysis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gall Bladder, probably Stone</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 6</u> , 19 <u>49</u> , to <u>March 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 4</u> , 19 <u>49</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. W. Barber M.D.</u>				23b. ADDRESS <u>Walnut Grove Mo</u>		23c. DATE SIGNED <u>March 7 - 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>March 8 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Turkey Creek Church</u>		24d. LOCATION (City, town, or county) (State) <u>Near Walnut Grove Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-8-49</u>		REGISTRAR'S SIGNATURE <u>Dr. H. P. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emerson</u>		ADDRESS <u>Walnut Grove Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health Office,  
Date Filed 21-3-49  
3-14-49

### 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.

Signed \_\_\_\_\_

*Warren D. Noblett*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4005

P. O. Address \_\_\_\_\_

*Ash Grove Me*

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 this body is not embalmed, fact should be so stated above.