

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 18538BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> <u>4</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Mo.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Mo.</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>511 So. Jefferson Str.</u>			d. STREET ADDRESS (If rural, give location) <u>511 So. Jefferson Str.</u> <u>U</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HEBBCCA</u>		b. (Middle) <u>ROZETTA</u>		c. (Last) <u>WALLACE</u>	
4. DATE OF DEATH <u>June 12 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>Aug 20, 1853</u>		9. AGE (In years last birthday) <u>95</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Audrain County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Ellis</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Darby</u>	
14. NAME OF HUSBAND OR WIFE <u>W. H. Wallace</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Maude O. Wallace Mexico</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fall (accidental)</u>		II. ANTECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cerebral Hemorrhage</u> <u>Arteriosclerosis Senility</u>		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SHOCK</u> <u>MURDER</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Mo. Audrain Mo.</u>	
21d. TIME OF INJURY <u>6-11-49. 8.00 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell striking head on Cabinet</u>	
22. I hereby certify that I attended the deceased from <u>6-11-1949</u> to <u>6-12-1949</u> , that I last saw the deceased alive on <u>6-12-1949</u> , and that death occurred at <u>7:30 AM</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>R. Alan Springer</u> (Deeds or title)		23b. ADDRESS <u>Mexico Mo</u>		23c. DATE SIGNED <u>6-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 13, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>		DATE REC'D BY LOCAL REG. <u>June 13 1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara C. ...</u>		ADDRESS <u>Mexico Mo</u>			

RECEIVED  
District Health Officer  
District No. 6-49-1  
Date Filed JUN 2 0 1949

**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 .....  
Student Embalmer

Signed *Clara Amundson*

Licensed Embalmer No. 3569

P. O. Address *Murphy, 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 this body is not embalmed, fact should be so stated above.