

FILED NOV 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34658

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural, Windsor</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>R. F D 3, Windsor</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Thelma</b>		b. (Middle) <b>Hinton</b>		c. (Last) <b>Wallace</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 21 1949</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 _____		8. DATE OF BIRTH <b>March 8, 1903</b>		9. AGE (In years last birthday) <b>46</b> Months <b>7</b> Days <b>13</b>	
11. BIRTHPLACE (State or foreign country) <b>Rich Hill, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
13a. FATHER'S NAME <b>Joe C. Hinton</b>		13b. MOTHER'S MAIDEN NAME <b>Stella Mallow</b>		14. NAME OF HUSBAND OR WIFE <b>Roscoe Wallace</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Roscoe Wallace, Windsor, Mo.</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Gall Bladder</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>?</b>  DUE TO (c) <b>?</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>135X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>	
19a. DATE OF OPERATION <b>10-14-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Disease of Gall Bladder</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>9-3</b> , <b>1949</b> , to <b>10/21</b> , <b>1949</b> , that I last saw the deceased alive on <b>10-21</b> , <b>1949</b> , and that death occurred at <b>12:35</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>S. O. Oyer M.D.</b> (Degree or title)				23b. ADDRESS <b>Sedalia Mo</b>		23c. DATE SIGNED <b>9/22/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-23-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <b>251</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Huston-Turner, Windsor, Mo</b> ADDRESS _____			

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

*William M. Turner*

Licensed Embalmer No. ....

*4648*

P. O. Address

*Andover, 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.