

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40961

State File No. ....

46

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Noewest</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Jullion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. LENGTH OF STAY (If this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sturkie</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stall Hosp.</u>				d. STREET ADDRESS <u>RFD</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Wesley Wallace</u>		b. (Middle) <u>Rice</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>30</u>		(Year) <u>49</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>7-13-1886</u>	
9. AGE (In years last birthday)		if UNDER 1 YEAR Months <u>62</u> Days <u>7</u>		if UNDER 24 HRS. Hours <u>17</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Dodge City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Shos. Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Wink</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Rice</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u></u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ollie Rice, Sturkie, Arkansas</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis, general</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Appendicitis</u>  DUE TO (c) <u></u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5501</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>3 weeks</u>	
19a. DATE OF OPERATION <u>11/30/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Diffuse Peritonitis, Gangrene and Appendicitis, Multiple Abscesses</u>				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)		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>11/29/49</u> , to <u>11/30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/30</u> , 19 <u>49</u> , and that death occurred at <u>1:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W.B. Stall</u> (Degree or title)				23b. ADDRESS <u>West Plains</u>		23c. DATE SIGNED <u>12/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>State Line</u>		24d. LOCATION (City, town, or county) (State) <u>Jullion MO</u>	
DATE REC'D BY LOCAL REG. <u>1-9-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertson West Plains MO</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 12 1950

**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

*D. D. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Haven*

**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.