

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5776

BIRTH NO.		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 6000		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Ralls				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jasper twsp		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jasper twsp		6870	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles NE of Vandalia				d. STREET ADDRESS (If rural, give location) 2 miles NE of Vandalia			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Elizabeth		c. (Last) Wallace	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 1, 1895	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Vandalia, Missouri		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Ezra Beshears.		13b. MOTHER'S MAIDEN NAME Effie M. Parker		14. NAME OF HUSBAND OR WIFE Frank Wallace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Wallace, Vandalia, Missouri			
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>Carcinoma of uterus</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  174X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 June 21, 1949, to Feb. 3, 1950, that I last saw the deceased alive on Jan. 21, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lee Alfred MD</u>				23b. ADDRESS Vandalia, Mo.		23c. DATE SIGNED 2-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 5, 1950		24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery		24d. LOCATION (City, town, or county) (State) Vandalia, Missouri	
DATE REC'D BY LOCAL REG. 2/8/50		REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W. S. Waters</u>		ADDRESS Vandalia, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 13 1950  
District Health Officer No.  
District File Number 2-50  
Date Filed FEB 13 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 William B. Natus

Licensed Embalmer No. 4169

P. O. Address Dandalia 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.