

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14035

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Beaman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED a. (First) <u>Adelia</u> b. (Middle) <u>B.</u> c. (Last) <u>Wallace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 29-1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>70</u>
11. BIRTHPLACE (State or foreign country) <u>Pettis Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Hamilton M. Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Thompson</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Neal B. Wallace</u> ADDRESS <u>Smithton, Mo</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>Thrombosis, right popliteal artery</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> ANTECEDENT CAUSES DUE TO (b) <u>Ulceration, aortic atherosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombosis left coronary artery</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4500</u>		22. I hereby certify that I attended the deceased from <u>23 Feb 1950</u> to <u>7 Apr 1950</u> , that I last saw the deceased alive on <u>7 Apr 1950</u> , and that death occurred at <u>10:20 P.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Carl D Siegel M.D.</u> (Degree or title) <u>U</u>		23b. ADDRESS <u>412 S. Ohio Ave</u>	
23c. DATE SIGNED <u>8 Feb 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-10-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Providence cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pettis Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Laughlin Bros</u> ADDRESS <u>Sedalia</u>	
DATE REC'D BY LOCAL REG. <u>4-10-50</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell</u>	

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

RECEIVED APR 17  
District Health Officer No. 8,

District File Number.....

Date Filed 4-21-50.....

MAY 22 1951

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 RP M Gray.....

Licensed Embalmer No. 3153.....

P. O. Address Sadalia M.....

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.