

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15628

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6189 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <i>Walnut Shade Mo.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Taney, Mo.</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Taney Co.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Walnut Shade Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis</i>		d. STREET ADDRESS (If rural, give location) <i>Walnut Shade Mo.</i>	
3. NAME OF DECEASED a. (First) <i>Geo.</i> b. (Middle) <i>P.</i> c. (Last) <i>Wallace</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 27 50</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>12/11/1870</i>
9. AGE (In years last birthday) <i>79</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	11. BIRTH PLACE (State, foreign country) <i>St. Albans, Vt.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>
13a. FATHER'S NAME <i>John James Wallace</i>		13b. MOTHER'S MAIDEN NAME <i>Jeanette Hill</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT'S SIGNATURE OR NAME <i>W. G. Wallace</i> ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Probab Coronary Thrombosis</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>was found dead sudden death</i> DUE TO (c) <i>4 days</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <i>no</i>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Harry Harry 3 Coroner</i>		23b. ADDRESS <i>Branson Mo</i>	
23c. DATE SIGNED <i>4-30-50</i>			
24a. BURIAL/CREMATION/REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>5-1-1950</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Walnut Shade</i>		24d. LOCATION (City, town, or county) (State) <i>Walnut Shade Mo.</i>	
DATE REC'D BY LOCAL REG. <i>4-29-50</i>		REGISTRAR'S SIGNATURE <i>J. E. Cogswell</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Whelchel Funeral Home</i>		ADDRESS <i>Branson Mo</i>	

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

RECEIVED MAY 8 1950

District Health Office No. 6,

District File Number 550-546

Date Filed 5-8-50

**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 \_\_\_\_\_

was not embalmed

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Minnie L. Wheeler

Licensed Embalmer No. 2277

P. O. Address

Quinn 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.