S. No. 300
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FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16532

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRENTON
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wright Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRENTON
d. STREET ADDRESS (If rural, give location): 313 Welch St.

3. NAME OF DECEASED (Type or Print)
a. (First): CLYDE
b. (Middle): ANDREW
c. (Last): WALLACE

4. DATE OF DEATH (Month) (Day) (Year): April, 29, 1950

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 23, 1867
9. AGE (In years last birthday): 82 — If under 1 year: Months 9, Days 6 — If under 24 hrs.: Hours —, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer
10b. KIND OF BUSINESS OR INDUSTRY: C R I & P R R.
11. BIRTHPLACE (State or foreign country): Muscatine Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Andrew Wallace
13b. MOTHER'S MAIDEN NAME: Nancy Bumgardner
14. NAME OF HUSBAND OR WIFE: Emma Jane Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: X C. B. Wallace — ADDRESS: Trenton, Mo

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) Carcinoma Prostate — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid 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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 18, 1950, *to* Apr 29, 1950, *that I last saw the deceased alive on* Apr 29, 1950 *and that death occurred at* 11 25 am., *from the causes and on the date stated above.*

23a. SIGNATURE: E. A. Duffy M.D. (Degree or title)
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: May 1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 2, 1950
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Trenton Mo

DATE REC'D BY LOCAL REG.: 5-1-50
REGISTRAR'S SIGNATURE: Irene Sam
25. FUNERAL DIRECTOR'S SIGNATURE: Davis-Blackburn — ADDRESS: Trenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 10 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

JUN 2 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 Myself, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Rayme A Dawson

Licensed Embalmer No. 3424

P. O. Address Trenton 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.