

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19084

Registrar's No. 62

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 4493		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Shannon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree		c. LENGTH OF STAY (In this place) 69 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Birch Tree		1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Lillie		a. (First) Jane		c. (Last) Wallace		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8-1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 10-1880		9. AGE (In years last birthday) 69 If under 1 year: Months 4 Days 28 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Dent Co. Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wesley Faulkner		13b. MOTHER'S MAIDEN NAME Jane Ramsey		14. NAME OF HUSBAND OR WIFE W T Wallace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W T Wallace Birch Tree, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of face & neck 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. 191X				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION 1949		19b. MAJOR FINDINGS OF OPERATION Barnard Hospital St Louis				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 1948 , 19____, to 1950 , 19____, that I last saw the deceased alive on _____, 1947, and that death occurred at 8 p m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. d. Davis M.D.				23b. ADDRESS Birch Tree Mo		23c. DATE SIGNED 5/10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 11 50		24c. NAME OF CEMETERY OR CREMATORY Oak Forrest Cem		24d. LOCATION (City, town, or county) (State) Birch Tree, Mo	
DATE REC'D BY LOCAL REG. 5-13-50		REGISTRAR'S SIGNATURE Lois R. Rasmussen		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan Funeral Home Mtn View, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 14 1950

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.....

Signed

Licensed Embalmer No. 2576

P. O. Address 1014 1/2 Ave

If this body is not embalmed, fact should be so stated above.