No. 300
10-48

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20961

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charleston
c. LENGTH OF STAY (in this place) 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Charleston
d. STREET ADDRESS (If rural, give location) 217 North Elm St.

3. NAME OF DECEASED (Type or Print)
a. (First) BELLE
b. (Middle) DORA
c. (Last) WALLACE

4. DATE OF DEATH (Month) (Day) (Year) June 24, 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 27th 1869
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 10 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Mississippi County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Monroe Scott
13b. MOTHER'S MAIDEN NAME Eliza Jane Dalton
14. NAME OF HUSBAND OR WIFE John M. 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 Mrs. Hannah Chaney — ADDRESS Charleston, 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 of stomach — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

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.

151X

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 _____, 1948, to June 24, 1950, that I last saw the deceased alive on June 24, 1950, and that death occurred at 2:35 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wilbur L. Davis MD
23b. ADDRESS Charleston Mo
23c. DATE SIGNED June 26, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 26, 1950
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State) Charleston, Missouri

DATE REC'D BY LOCAL REG. July 3, 1950
REGISTRAR'S SIGNATURE Mrs Lex Kilgore 439
25. FUNERAL DIRECTOR'S SIGNATURE Lena Nunnelee Funeral Chapel Edward E. Nunnelee — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 7 REC'D

RECEIVED
Miss. Co. Health Dept
County File No.
Date Filed JUL 7 - 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 John F. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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