

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31093

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5762 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <i>Marion Co. Missouri</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Marion Mo.</i>		
b. CITY OR TOWN <i>Rural Union Township</i>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <i>Rural-Union Township</i>		d. STREET ADDRESS (If rural, give location) <i>3 Mi. N.W. Philadelphia</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence</i>					

3. NAME OF DECEASED (Type or Print) a. (First) <i>William</i> b. (Middle) <i>Oscar</i> c. (Last) <i>Wall</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8-28-1950</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2-14-1878</i>	9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>14</i>	IF UNDER 1 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Lewiston Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>William Wall</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Jarvis</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Wall</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE AND NAME <i>Paul Miller Philadelphia Mo.</i>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial Pneumonia</i>		<i>2 da.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Hemorrhage</i> DUE TO (c) <i>Hypertension</i>		<i>2 mo</i>
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.			<i>6 yrs.</i>
			<i>331X</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from *July 7, 1950*, to *Aug 28, 1950*, that I last saw the deceased alive on *Aug 5, 1950*, and that death occurred at *5 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Wall M.D.</i> (Degree or title)	23b. ADDRESS <i>Philadelphia Mo</i>	23c. DATE SIGNED <i>9/1/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8-30-1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Philadelphia Memorial</i>	24d. LOCATION (City, town, or county) (State) <i>Philadelphia, Marion Co., Missouri</i>
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DATE REC'D BY LOCAL REG. <i>9/9/50</i>	REGISTRAR'S SIGNATURE <i>By Viola Lee</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>B. M. Allen</i>	ADDRESS <i>Philadelphia, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 26 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 26 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.

Signed B M Callen

Signed.....
Student Embalmer

Licensed Embalmer No. 2437

P. O. Address Philadelphia Pa

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.