

FILED NOV 6 1950

STANDARD CERTIFICATE OF DEATH

Dr. Hansbro
State File No. 33271
Registrar's No. 940-A

5396
1

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

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield c. LENGTH OF STAY (in this place) Life

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396

d. FULL NAME OF HOSPITAL OR INSTITUTION 1644 S. Campbell

d. STREET ADDRESS (If rural, give location) 1644 S. Campbell

3. NAME OF DECEASED
a. (First) Blonville b. (Middle) Wallis c. (Last) _____

4. DATE OF DEATH Oct. 26, 1950 (Month) (Day) (Year)

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug 16 1871 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) Greene County, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Wallis 13b. MOTHER'S MAIDEN NAME Hanna Harkness 14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) No 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Flora Lea Wallis Springfield, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of bile ducts.
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.

INTERVAL BETWEEN ONSET AND DEATH 155X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Carcinoma Bile ducts with liver metastases 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 (Month) (Day) (Year) (Hour) OF INJURY. _____ 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 July, 1950, to Oct, 1950, that I last saw the deceased alive on Oct 26, 1950, and that death occurred at 4:40a m., from the causes and on the date stated above.

23a. SIGNATURE Gerald L. Hansbro (Degree or title) M.D. 23b. ADDRESS Professional Bldg. No. 10-27-50 DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A 24b. DATE 10/29/50 24c. NAME OF CEMETERY OR CREMATORY Mt. Comfort Cem. 24d. LOCATION (City, town, or county) (State) Near Springfield, Mo.

DATE REC'D BY LOCAL REG. 10-30-50 REGISTRAR'S SIGNATURE W. E. Handley M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. Lohmeyer Springfield, Mo.

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.