

FILED DEC 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38155

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>6038</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RUAAN (FLATWOOD TWP)</u>		c. LENGTH OF STAY (in this place) <u>13 YR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURAK (FLATWOOD TWP)</u>		<u>0910</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>RICHARD</u>		c. (Last) <u>WALLACE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-13-1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB. 12, 1879</u>	
9. AGE (in years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>FLORENCE ALABAMA</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>JOHN RICHARD WALLACE</u>		13b. MOTHER'S MAIDEN NAME <u>SALLY PHILLIPS</u>		14. NAME OF HUSBAND OR WIFE <u>DEBBIE WALLACE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS CHELSEA CAREY</u>			
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ _____ _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>11/5</u> , 19 <u>50</u> , to <u>11/13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11/13</u> , 19 <u>50</u> , and that death occurred at <u>2:10</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. White</u>				23b. ADDRESS <u>277</u>		23c. DATE SIGNED <u>11/17/1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHANY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>RIPLEY COUNTY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>11-20-50</u>		REGISTRAR'S SIGNATURE <u>H. E. White</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. H. Edwards</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

PR. WHITE

RECEIVED

DEC 12 1950

DISTRICT HEALTH OFFICE No. 6

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.....

11-13-50

working under my personal supervision.

Student Embalmer No.....

Signed.....

Ben B. Lumbel

Signed.....
Student Embalmer

Licensed Embalmer No. *3475*

P. O. Address *Doniphan, 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.