

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 8191

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5491 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clay</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Clay</u> <u>0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Daughter</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi N.E. Blythedale, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Wallace</u> b. (Middle) <u>Francisco</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct 27, 1860</u>
9a. AGE (In years last birthday) <u>90</u>		9b. IF UNDER 1 YEAR Months _____ Days _____	9c. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Ringold Co Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>George Francisco</u>	
13b. MOTHER'S MAIDEN NAME <u>Susan Tipton</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE AND ADDRESS <u>Mrs. Lorne Richardson</u> <u>Blythedale, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)		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 _____, 1942, to <u>Mar. 7, 1951</u> , that I last saw the deceased alive on <u>Mar 4, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. B. Hyer</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Blythedale Mo.</u>	
23c. DATE SIGNED <u>3-16-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 10</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blythedale, Mo 6 miles N.E.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 17-51</u>		REGISTRAR'S SIGNATURE <u>S. P. Shaw</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest W. Boggs</u>		ADDRESS _____	

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

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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 Gerald W. Boggess

Licensed Embalmer No. 4762

P. O. Address Eagleville, 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.