

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13692

BIRTH NO. <u>134</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>134</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>BONNE TERRE</u> <u>0941</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 JACKSON ST.</u>				d. STREET ADDRESS (If rural, give location) <u>405 JACKSON ST.</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) <u>LAURA</u>		a. (First) <u>ETIA</u>		c. (Last) <u>WALLACE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 10. 1951</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT. 18. 1871</u>			
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>6</u>		11. BIRTHPLACE (State or foreign country) <u>PLATTIN Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>V</u>		13a. FATHER'S NAME <u>JULIUS FRAZIER</u>		13b. MOTHER'S MAIDEN NAME <u>JANE PORTER</u>			
13c. NAME OF HUSBAND OR WIFE <u>BENJAMIN R. WALLACE</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		15. SOCIAL SECURITY NO. <u>NONE</u>		16. INFORMANT'S SIGNATURE OR NAME <u>MRS. GEORGE D. BRAND</u>			
17. ADDRESS <u>De Soto Mo</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anteroselective heart disease</u> ANTECEDENT CAUSES Morbidity 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. <u>Cerebral arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		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 <u>April 9, 1951</u> , to <u>April 9, 1951</u> , that I last saw the deceased alive on <u>April 9, 1951</u> , and that death occurred at <u>11:07 A.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Maxim J. Haw, Jr. M.D.</u>			
23b. ADDRESS <u>17 Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>Apr. 11, 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 13, 1951</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANCOIS MEM. PK.</u>		24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO.</u>		DATE REC'D BY LOCAL REG. <u>Apr. 13, 1951</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Bonner</u>		ADDRESS <u>Mo.</u>		26. STATE OF MISSOURI		27. STATE OF MISSOURI			

(Licensed Embalmers' Statement on Reverse Side)

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

File No.
DISTRICT HEALTH OFFICE No. 4

APR 16 1951

RECEIVED

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 Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3796

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.