

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4522
Registrar's No. 10

BIRTH NO. _____		REG. DIST. NO. 114		PRIMARY REG. DIST. NO. 4186		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan,		1871	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northside Hospital				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) MARGARET TILLMAN		a. (First)		b. (Middle) WALLACE		c. (Last)	
4. DATE OF DEATH Feb. 13, 1952		(Month)		(Day)		(Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Mar. 14, 1866	
9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR Months 10		11. IF UNDER 1 YEAR Days 29		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Dumm Oak, Aberdeenshire, Scotland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Frost		13b. MOTHER'S MAIDEN NAME Elizabeth Cass		14. NAME OF HUSBAND OR WIFE Robert B. Wallace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mavis Wallace			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Due to (b) General arteriosclerosis DUE TO (c) Pernicious Anemia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X		19c. INTERVAL BETWEEN ONSET AND DEATH 3 days			
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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 May 18, 1949, to 2/11, 1952, that I last saw the deceased alive on 2/11, 1952, and that death occurred at 1 p. m., from the causes and on the date stated above.							
23a. SIGNATURE John J. de la Rive		23b. ADDRESS (Degree or title) Sullivan, Mo.		23c. DATE SIGNED 2-14-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 16, 52		24c. NAME OF CEMETERY OR CREMATORY P.O.O.F.		24d. LOCATION (City, town, or county) (State) Sullivan, Mo.	
DATE REC'D BY LOCAL REG. 2-18-52		REGISTRAR'S SIGNATURE E. R. R. 97		25. FUNERAL DIRECTOR'S SIGNATURE N. M. Eaten		ADDRESS Sullivan, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Edgar W. Johnson

Licensed Embalmer No. *2394*

P. O. Address: *Sullivan 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.