

No. 300
10-48

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6953

State File No.

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6090 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Liberty TWP</u>) c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Liberty TWP</u> <u>077</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 Mi. E. Sweet Springs</u>		d. STREET ADDRESS (If rural, give location) <u>4 1/2 Mi. E. Sweet Springs</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MALINDA</u>	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>WALLACE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 29 1952</u>
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5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 1, 1873</u>	9. AGE (In years) (Month) (Day) (Min.) <u>78 0 18</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James A. O'Neal</u>	13b. MOTHER'S MAIDEN NAME <u>Julia A. Mothorn</u>	14. NAME OF HUSBAND OR WIFE <u>Garriel Wallace</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles A. Wallace Sweet Springs, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary artery disease.</u> DUE TO (c) <u>generalized arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho-pneumonia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-9-, 1950, to 29 Feb, 1952, that I last saw the deceased alive on 29 Feb, 1952 and that death occurred at 1:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ralph H. Jones M.D.</u>	23b. ADDRESS <u>Sweet Springs, Mo</u>	23c. DATE SIGNED <u>3 Mar 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Saline Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/3/52</u>	REGISTRAR'S SIGNATURE <u>Dolly Andrews</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Hershberger Marshall</u>
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(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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.