No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1952

State File No. 8164

BIRTH NO. 1-2-0 12-51 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Windsor
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Calhoun Mo
d. STREET ADDRESS (If rural, give location): 450

3. NAME OF DECEASED (Type or Print): a. (First) Jerry b. (Middle) Joe. c. (Last) Wallace.

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: Sept 23 1952
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 6 Days 3; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Windsor Mo
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: Wilbert Lee Wallace
13b. MOTHER'S MAIDEN NAME: Wanda Joe Billbruck
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Wilbert Lee Wallace ADDRESS: Calhoun Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia

ANTECEDENT CAUSES

Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 492X
20. AUTOPSY? YES ☐ NO ☐

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) m.
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* Mar 26, 1952 *to* Mar 26, 1952, *that I last saw the deceased alive on* Mar 26, 1952, *and that death occurred at* 2:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. Newall (Degree or title) MD
23b. ADDRESS: Windsor Mo
23c. DATE SIGNED: 3/27/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 28
24c. NAME OF CEMETERY OR CREMATORY: Calhoun Cemetery
24d. LOCATION (City, town, or county) (State): Calhoun Mo.

DATE REC'D BY LOCAL REG. April 10-52
REGISTRAR'S SIGNATURE: Florence Adair
25. FUNERAL DIRECTOR'S SIGNATURE: J. A. Housey ADDRESS: Calhoun 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 J. A. Housey

Licensed Embalmer No. 3205

P. O. Address Calhoun Ky

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.