

THE DIVISION OF HEALTH OF THE STATE OF TEXAS
 STANDARD CERTIFICATE OF DEATH

State File No. **20051**

FILED JUL 9 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>115</u>		PRIMARY REG. DIST. NO. <u>5435</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Williamson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Villa Ridge, Missouri</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Union Box 58 TOWNSHIP</u>		8420	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Lufkin, Texas</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOW</u>		b. (Middle) <u>BARTON</u>		c. (Last) <u>WALLACE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 13, 1914</u>	
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Electric</u>		11. BIRTHPLACE (State or foreign country) <u>Georgetown, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clad Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Ola McCall</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Captain in Air Force</u>		16. SOCIAL SECURITY NO. <u>449-05-5171</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clad Wallace, Lufkin, Texas</u>		ADDRESS <u>Lufkin, Texas</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Not</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Union Box Franklin, Mo</u>			
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) <u>9:00 pm</u>		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>X</u> 19 <u> </u> , to <u> </u> , 19 <u> </u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u>9 o'clock</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Pres. P. Chaffer Corner</u>				23b. ADDRESS <u>Lufkin, Mo.</u>		23c. DATE SIGNED <u>7/2/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>July 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Austin Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Austin, Texas</u>	
DATE REC'D BY LOCAL REG. <u>July 5, 1952</u>		REGISTRAR'S SIGNATURE <u>F. J. Cooper etc</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Oltmann</u>		ADDRESS <u>Union, Mo.</u>	

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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 J. J. Ottman

Licensed Embalmer No. 1686

P. O. Address Union, 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.