No. 300
10.48

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

FILED JUN 24 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20828

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 94

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blue Springs Snl-A-Bar
c. LENGTH OF STAY (In this place): 4 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake Tapawingo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3696
d. STREET ADDRESS (If rural, give location): 4520 Main Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Clay
b. (Middle): Higgins
c. (Last): Wallace

**4. DATE OF DEATH** (Month) (Day) (Year): May 31 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Oct 28 1886
**9. AGE** (In years last birthday): 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Buyer
**10b. KIND OF BUSINESS OR INDUSTRY**: Loyd St. Clair
**11. BIRTHPLACE** (State or foreign country): Hume Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: A.M. Wallace
**13b. MOTHER'S MAIDEN NAME**: Amanda B. Barnes
**14. NAME OF HUSBAND OR WIFE**: Martha Wallace

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 078-03-4437
**17. INFORMANT'S SIGNATURE OR NAME** / **ADDRESS**: A.J. Wallace, Lake Tapawingo, Mo.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Larynx — INTERVAL BETWEEN ONSET AND DEATH: 1 year.

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.*
Cervical & Pulmonary Metastasis

**19a. DATE OF OPERATION**: May 1951
**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma of larynx 161X
**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* 31 May, 1952 *to* 31 May, 1952 *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:38 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Franklin C. Werner M.D.
**23b. ADDRESS**: Blue Springs, Mo
**23c. DATE SIGNED**: 31 May 52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: June 2, 1952
**24c. NAME OF CEMETERY OR CREMATORY**:
**24d. LOCATION** (City, town, or county) (State): Hume Missouri

DATE REC'D BY LOCAL REG.: May 31, 1952
REGISTRAR'S SIGNATURE: Conrad C. Earnhart
**25. FUNERAL DIRECTOR'S SIGNATURE** / **ADDRESS**: D.W. Newcomer's Sons Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 18 REC'D

## 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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.