

FILED NOV 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39620

BIRTH NO.		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 3048	Registrar's No. 245	
1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville			
c. LENGTH OF STAY (in this place) 10 min.		d. STREET ADDRESS (If rural, give location) 901 East Fourth			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) RUBY		b. (Middle) MILDRED		c. (Last) WALLACE	
4. DATE OF DEATH		5. DATE OF BIRTH			
11 4 52		9/24/09			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. AGE (In years last birthday) 43	
9. SEX Female		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11. BIRTHPLACE (State or foreign country) Greeley, Colo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Oliver Branson		13b. MOTHER'S MAIDEN NAME Grace Austin		14. NAME OF HUSBAND OR WIFE Harry Lee Wallace	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry L. Wallace, Maryville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic myocarditis DUE TO (c) coronary insufficiency + hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 7 min.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4201	
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 <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 10-10, 1952, to Nov. 4, 1952, that I last saw the deceased alive on 10/20, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.					
23a. SIGNATURE W. Bauman		23b. ADDRESS M. D. Maryville, Missouri		23c. DATE SIGNED 11/7/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/7/52		24c. NAME OF CEMETERY OR CREMATORY Miriam	
24d. LOCATION (City, town, or county) (State) Maryville, Missouri					
DATE REC'D BY LOCAL REG. 11-15-52		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Clara M. Price

Signed.....
Student Embalmer

Licensed Embalmer No..... *1822*

P. O. Address..... *Maryville, 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.