

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17498**

FILED MAY 18 1953

0270  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>83</u>	PRIMARY REG. DIST. NO. <u>5312</u>	Registrar's No. <u>6</u>
1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clarksfork</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clarks Fork</u> <u>0270</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u>		b. (Middle) <u>(none)</u>	c. (Last) <u>WALL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 18, 1871</u>	9. AGE (In years last birthday) <u>82</u> # UNDER 1 YEAR Months Days # UNDER 1 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u> <u>6</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>George Wall</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Werth</u>
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>Mrs. Joe Serck Speed, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CANCER of Stomach</u> DUE TO (c) <u>Nephritis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 Days</u> <u>8 Months</u> <u>2 Mo.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>None</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>May 1, 1951</u> , to <u>May 14, 1953</u> , that I last saw the deceased alive on <u>May 14, 1953</u> , and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Dr. James A. Carruth, D.C.-710</u>		23b. ADDRESS <u>Buncheon, Mo.</u>		23c. DATE SIGNED <u>5-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>
24d. LOCATION (City, town, or county) (State) <u>Hampton, Nebraska</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B.W. Shacker Bonville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5/15/53</u>		REGISTRAR'S SIGNATURE <u>U.T. Meredith 442</u>		

**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 B. W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville, 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.