

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21911

State File No.

FILED JUL 14 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 316

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN MO.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JASPER
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN 04950
d. STREET ADDRESS (If rural, give location) 1109 E. 3RD

3. NAME OF DECEASED
a. (First) FRANCIS b. (Middle) ALEXANDER c. (Last) WALLIS

4. DATE OF DEATH (Month) (Day) (Year)
JUDY 4 1953

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2

8. DATE OF BIRTH AUG. 5, 1875

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.
77

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER

10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED

11. BIRTHPLACE (State or foreign country) EVANSVILLE, INDIANA 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JIM WALLIS

13b. MOTHER'S MAIDEN NAME MARY MOSSMAN

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) NO

16. SOCIAL SECURITY NO. - - -

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
CHESTER WALLIS EVANSVILLE, INDIANA

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial Degeneration
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation
DUE TO (c) Prostatic Hypertrophy
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 yrs
2 yrs
7 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
Enlarged Prostate

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)
4222

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 11-4-46, 1946, to 7-4-53, 1953, that I last saw the deceased alive on 7-4-53, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Howard O.M.D.

23b. ADDRESS 1109 E. 3rd, Jasper, Mo.

23c. DATE SIGNED 7-7-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 7-7-53

24c. NAME OF CEMETERY OR CREMATORY OSARK MEMORIAL CEMETERY

24d. LOCATION (City, town, or county) (State) JOPLIN, MO.

DATE REC'D BY LOCAL REG. 7-9-53

REGISTRAR'S SIGNATURE James 138 U by Robert Sampson M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
STFVE PARKER MORTUARY JOPLIN, MO.

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

RECEIVED 7-13
Jaeper County Health Office

County File Number 592

Date Filed 7-13

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.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.