

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5161**
Registrar's No. **63**

BIRTH NO. **FILED FEB 25 1954** REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (In this place) 42 yrs		d. STREET ADDRESS (If rural, give location) 1817 Ralston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1817 Ralston			

3. NAME OF DECEASED (Type or Print) a. (First) Stanley b. (Middle) G. c. (Last) Wallis			4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 16, 1883		9. AGE (In years last birthday) Months Days 70 6 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Plymouth, England		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Wallis	13b. MOTHER'S MAIDEN NAME Eliza Nebber	14. NAME OF HUSBAND OR WIFE Mabel L. Wallis
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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. 702-149581	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mabel L. Wallis, Independence, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 9 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	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. Thrombophlebitis		1 mo	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Aug. 26, 1954**, to **Feb 13, 1954**, that I last saw the deceased alive on **Feb 8, 1954**, and that death occurred at **4 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. Grabeke, M.D.	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 2/14/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/19/54	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24d. LOCATION (City, town, or county) (State) Independence, Mo.
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DATE REC'D BY LOCAL REG. Feb 15-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Larson Independence, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

FEB 25 1952

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

Dean W. Huff

Licensed Embalmer No. *4914*

P. O. Address *Indep, 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.