

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12517**

FILED MAY 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 80

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—4

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Laclede</b>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Lebanon, Missouri</b>   |  | c. LENGTH OF STAY (In this place)<br><b>7 days</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Crocker,</b>  |  | d. STREET ADDRESS (If rural, give location)<br><b>Missouri Rural Rt. 3</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Long's Rest Home</b>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>Missouri Rural Rt. 3</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Martha</b>  |  | b. (Middle) <b>Ellen</b>  |  | c. (Last) <b>Wall</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 3, 1964</b>   |  |
| 5. SEX <b>Female</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   |  | 8. DATE OF BIRTH<br><b>Dec. 25, 1859</b>  |  |
| 9. AGE (In years last birthday) <b>94</b>  |  | 10. MONTHS <b>94</b>  |  | 11. DAYS <b>94</b>   |  | 12. HOURS <b>94</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Miller Co Iberia, Mo</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>Starling Shelton</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Lottie Gregory</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Ampsterd Wall</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Alongo Wall Crocker, Missouri R 3</b>  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | 18. MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis and myocardial degeneration</b>  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 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. HOW DID INJURY OCCUR?  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 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>5-1-</u> , 19 <u>54</u> to <u>5-3-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-3-</u> , 19 <u>54</u> , and that death occurred at <u>7:45</u> <sup>a</sup> <u>m.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <b>R. E. Havell M.D.</b> (Degree or title)  |  |   |  | 23b. ADDRESS <b>Lebanon, Missouri</b>  |  | 23c. DATE SIGNED <b>5-4-54</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE <b>May 5, 1954</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Plesant Hill Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>Iberia, Mo Rural</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>5-6-1954</b>  |  | REGISTRAR'S SIGNATURE<br><b>Hella L. Gray</b>   |  | 25. FUNERAL HOME OR SIGNATURE ADDRESS<br><b>Hedges Funeral Home Crocker, Mo</b>  |  |   |  |

Received MAY 10 1954  
Laclade County Health Unit  
File No. 545482  
MAY 10 1954

**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 Clarence Moore

Licensed Embalmer No. 4886

P. O. Address Waynesville, 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.