

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUL 21 1954

State File No. **24112**
Registrar's No. **458**

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **6035**

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY OR TOWN RURAL - JORDAN		c. CITY OR TOWN RURAL - JORDAN	
c. LENGTH OF STAY (in this place) 14 YEARS		d. STREET ADDRESS (If rural, give location) DONIPHAN RT. # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION DONIPHAN RT. # 2			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HIRAM c. (Last) WALLACE			4. DATE OF DEATH (Month) (Day) (Year) JUNE 25 - 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 3 - 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Days 3 Hours 22 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (State or foreign country) WATER VALLEY - KENTUCKY	
13a. FATHER'S NAME JAMES A. WALLACE		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH WALLACE		14. NAME OF HUSBAND OR WIFE GILLIE 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. _____		17. INFORMANT'S SIGNATURE OR NAME MARSHALL WALLACE - DONIPHAN - MO. ADDRESS _____	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 - 25 - 54	
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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) 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 **6-7** 19**54** (to **6-25-54** 19**54**) that I last saw the deceased alive on **June 6, 1954** and that death occurred at **8 PM** m., from the causes and on the date stated above.

23a. SIGNATURE C. G. Fork M.D. (Degree or title)		23b. ADDRESS Doniphan, Mo.		23c. DATE SIGNED 7/9/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 27 - 1954		24c. NAME OF CEMETERY OR CREMATORY BELLVIEW CEMETERY	
DATE REC'D BY LOCAL REG. 7-9-54		REGISTRAR'S SIGNATURE [Signature]		24d. LOCATION (City, town, or county) (State) RIPLEY COUNTY - MISSOURI	
5. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS EDWARDS FUNERAL HOME - DONIPHAN - MO.					

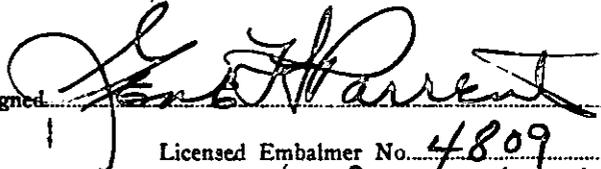
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

.....
Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 4809

P. O. Address Doniphan, 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.