

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29911
975

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) Washington Twp. St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph - Rural	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) R.R. #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. #3, St. Joseph, Mo.			

3. NAME OF DECEASED (Type or Print) WILLIAM LOREN WALLACE			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 18, 1881	9. AGE (In years last birthday) 72	10. CITIZEN OF WHAT COUNTRY? U S A
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Auditor		10b. KIND OF BUSINESS OR INDUSTRY Oil Company		11. BIRTHPLACE (State or foreign country) St. Joseph Missouri	

13a. FATHER'S NAME Edward Wallace		13b. MOTHER'S MAIDEN NAME Florence Wampler		14. NAME OF HUSBAND OR WIFE Maggie Wallace (Deceased)	
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. 491-30-9632A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William L. Wallace Jr. St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 1 yr
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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343		

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)		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 **July 1954** to **9-4-1954**, that I last saw the deceased alive on **9-2-1954**, and that death occurred at **6:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE **ME Gruiser MD** (Degree or title) 23b. ADDRESS **St Joseph Mo** 23c. DATE SIGNED **9/9/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Sept. 7, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Joseph, Missouri**

DATE REC'D BY LOCAL REG. **Sept 13, 1954** REGISTRAR'S SIGNATURE **Kathleen M. Allison** 485-25 FUNERAL DIRECTOR'S SIGNATURE **Haney Funeral Home St Joseph, Mo** ADDRESS _____

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.