

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

**36425**

State File No. ....

**FILED NOV 16 1954**

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>184</u>	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Audrain</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Mexico</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>9 Months</u>				e. STREET ADDRESS (If rural, give location) <u>611 S. Jefferson St. 00430</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain</u>				f. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1954</u>			
<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Buckner Wallace</u>	
<b>5. SEX</b> <u>Female</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>		<b>8. DATE OF BIRTH</b> <u>Jan. 4, 1887</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Callaway County, Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Robert R. Buckner</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ellen Maddox</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Marquess Wallace</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Marquess Wallace</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) <u>Generalized Carcinomatous</u>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Nov 5-53</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE OF (b) <u>Primary Carcinoma of X-ray</u>				DUPLICATE OF (c) <u>175X</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death					
<b>19a. DATE OF OPERATION</b> <u>Nov 5-53</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Primary Carcinoma left chest wall</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> <u>X</u> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>X</u>		<b>(COUNTY)</b> <u>X</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>X</u>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>X</u>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Jan 25, 1953</u> , to <u>Nov 11, 1954</u> , that I last saw the deceased alive on <u>Nov 11, 1954</u> , and that death occurred at <u>9:15 Pm.</u> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <u>Harry J. O'Brien M.D.</u>				<b>23b. ADDRESS</b> <u>Mexico Missouri</u>		<b>23c. DATE SIGNED</b> <u>11-12-54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>Nov. 13, 1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Elmwood Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mexico Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Nov 12-1954</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Blanche Neely</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Earl S. ...</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Come by 11/15

No. 300  
10-48

JUL 11 1956

JUL 10 1956

JUL 7 1956

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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.....  
Signature of Student Embalmer

Signed..... *Earl F. Orndorff* .....

Licensed Embalmer No.... 3189

P. O. Address... Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.