

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

VS SEP 14 1960

3657-A

STATE FILE NUMBER

Registration District No. 102

Primary Registration District No. 4174

Registrar's No.

1. PLACE OF DEATH a. COUNTY Dunklin DELAYED		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cardwell		Length of stay in lb. 34 yrs. c. CITY OR TOWN Cardwell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) James Wesley Wallace		4. DATE OF DEATH Month June Day 3 Year 1955	
5. SEX male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 3-16-1880
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) -----		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Don't know		13b. MOTHER'S MAIDEN NAME Don't know	
14. NAME OF HUSBAND OR WIFE Doris 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 Address Doris Wallace, Cardwell, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1951 to June 3, 55 and last saw her alive on June 3, 55 Death occurred at 8:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. English MD</i>		22b. ADDRESS Cardwell, Missouri	
22c. DATE SIGNED 9-9-60		23a. NAME OF CEMETERY OR CREMATORY Cardwell Cemetary	
23b. DATE		23c. LOCATION (City, town, or county) (State) Cardwell Missouri	
23d. REMOVAL (Specify) Burial		24. FUNERAL DIRECTOR ADDRESS Verlin Heath, Paragould, Ark.	
25. DATE RECD. BY LOCAL REG. 9-9-60		26. REGISTRAR'S SIGNATURE <i>Edna Hallmark</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3658A

MS OCT 28 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
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.