

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 29 1955

BIRTH NO. ....		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>5037</u>		Registrar's No. <u>62</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>SALT RIVER TWP</u>		c. LENGTH OF STAY (If in hospital or institution, give street address or location) <u>8 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Wellsville</u>		<u>0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neil Rest Haven</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>		b. (Middle)		c. (Last) <u>WALLACE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar.</u> <u>18</u> <u>1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 13 1870</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>8</u>		11. DAYS <u>5</u>		12. IF UNDER 14 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>House work</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Crawfordsville, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>							
13a. FATHER'S NAME <u>Richard Quaid</u>				13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. P. L. Wells Wellsville Mo</u>			
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) <u>Myocardial infarct</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> 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 <u>24 hours</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4200</u>				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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>March 11</u> , 19 <u>55</u> , to <u>March 18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>March 18</u> , 19 <u>55</u> , and that death occurred at <u>1:55</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Blanche Neely</u>				23b. ADDRESS <u>W.D. V. Mexico Mo</u>		23c. DATE SIGNED <u>3-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/20/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Montg. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 20-1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. B. Wells Wellsville</u>			

(Licensed Emballer's Statement on Reverse Side)

mo

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.....  
Student Embalmer

Signed

Licensed Embalmer No. 1588

P. O. Address Hellsville, 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.