

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **7876**

FILED MAR 28 1955

BIRTH NO. _____ REG. DIST. NO. **121** PRIMARY REG. DIST. NO. **2000** Registrar's No. **244**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY OR TOWN Sikeston	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) 3 weeks		e. STREET ADDRESS (If rural, give location) General	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jefferson Hotel			
3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) JAMES	c. (Last) WALLACE
4. DATE OF DEATH	(Month) (Day) (Year) March 18, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 16, 1898
9. AGE (In years last birthday) 57	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer	11. BIRTHPLACE (City and State or Foreign Country) Crawfordsville, Indiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Nicol Wallace	13b. MOTHER'S MAIDEN NAME Anna Buck	14. NAME OF HUSBAND OR WIFE Ann M. Wallace	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Ann M. Wallace ADDRESS Aurora, Mo.,	
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) Auricular Fibrillation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic fever dx. DUE TO (c) Rheumatoid arthritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extensive	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 3-2-55 , to 3-18-55 , that I last saw the deceased alive on 3-18-55 and that death occurred at 3:50p m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. G. Schmitz, M.D., D.	23b. ADDRESS Springfield, Mo.,	23c. DATE SIGNED 3/19/1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/18/1955	24c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery	24d. LOCATION (City, town, or county) (State) Van Buren, Missouri
DATE REC'D BY LOCAL REG. 3-24-55	REGISTRAR'S SIGNATURE Edith Williams	25. FUNERAL DIRECTOR'S SIGNATURE Harry C. Cope ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

623 West Walnut
SPRINGFIELD, MISSOURI
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 23 1955

APR 19 1955

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.....

Licensed Embalmer No. 459

P. O. Address Springfield

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.