

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>92</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (In this place) <u>24 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bakersfield</u>		d. STREET ADDRESS (If rural, give location) <u>0770</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1019 W 3rd</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Wallace</u> c. (Last) <u>Muller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-55</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1-14-1892</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Wear Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. B. Minson</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Wheeler</u>		14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara Wallace West Plains Mo</u> ADDRESS <u></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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>minutes</u> <u>3 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>2/13</u> , 19 <u>55</u> to <u>2/13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/13</u> , 19 <u>55</u> , and that death occurred at <u>7:45</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. L. Fowler M.D.</u>				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>2/18/55</u>	
24a. BURIAL OR CREMATION, REMOVAL: (Specify)		24b. DATE <u>2-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Bakersfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-23-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		379		38. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Robert M. West Plains Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*A. D. Roberts*

Licensed Embalmer No. *3487*

P. O. Address *11111 Main St*

**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.