

FILED APR 26 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 15226

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 15

|   |  |  |                 |
|---|--|--|-----------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>LAWRENCE</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>LAWRENCE</b> |                 |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>RURAL No. MT VERNON</b> |  | c. LENGTH OF STAY (in this place) <b>2 YEARS</b>   | c. CITY OR TOWN |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RIGBY REST HOME</b>                              |  | STREET ADDRESS (If rural, give location) <b>RURAL AURORA ROUTE 1</b>   |                 |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>SHERIDAN</b> c. (Last) <b>WALLACE</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 22 1955</b> |  |  |
|---|--|--|--|--|--|

|                    |                               |   |                                     |   |                                 |                       |                       |                       |
|--------------------|-------------------------------|---|-------------------------------------|---|---------------------------------|-----------------------|-----------------------|-----------------------|
| 5. SEX <b>MALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b> | 8. DATE OF BIRTH <b>Nov-27-1965</b> | 9. AGE (In years last birthday) <b>89</b> | IF UNDER 1 YEAR Months <b>4</b> | IF UNDER 24 HRS. Days | IF UNDER 1 HRS. Hours | IF UNDER 15 MIN. Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|---------------------------------|-----------------------|-----------------------|-----------------------|

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b> |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Greene Co. Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |  |
|---|--|--|--|---|--|--|--|

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <b>JEFFERSON WALLACE</b> |  | 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b> |  | 14. NAME OF HUSBAND OR WIFE <b>MARY MALILLER WALLACE</b> |  |
|---|--|--|--|--|--|

|  |  |                                     |  |  |  |
|--|--|-------------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> |  | 16. SOCIAL SECURITY NO. <b>NONE</b> |  | 17. INFORMANT'S SIGNATURE AND ADDRESS <b>ELMER WALLACE MT. VERNON, Mo.</b> |  |
|--|--|-------------------------------------|--|--|--|

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 Month</b> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b) <b>Coronary Sclerosis 1 yr</b>  |  |   |  |
|   |  | DUE TO (c)   |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile edema</b>   |  |  |  |   |  |

|                        |  |                                  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|
| 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) |  | 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 1953 to Apr 22, 1955, that I last saw the deceased alive on Apr 18, 1955, and that death occurred at 2:30 AM., from the causes and on the date stated above.

|  |  |                                |  |                                 |  |
|--|--|--------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <b>H. J. Graver</b> (Degree or title) |  | 23b. ADDRESS <b>Mt. Vernon</b> |  | 23c. DATE SIGNED <b>4/22/55</b> |  |
|--|--|--------------------------------|--|---------------------------------|--|

|   |  |                            |  |  |  |   |  |
|---|--|----------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> |  | 24b. DATE <b>4-24-1955</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>WADE CHAPEL CEMETERY</b> |  | 24d. LOCATION (City, town, or county) (State) <b>2 MI. N.W. REPUBLIC, Mo.</b> |  |
|---|--|----------------------------|--|--|--|---|--|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>4-24-55</b> |  | REGISTRAR'S SIGNATURE <b>Cecil Hendricks</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>W. L. Fozzette Mt. Vernon, Mo.</b> |  |
|---|--|--|--|--|--|

(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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. D. Lassett.....

Licensed Embalmer No. 22

P. O. Address mt Verno

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.