No. 300
10.48

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16107

State File No.

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Neosho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) N. Lincoln St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Newton
c. CITY OR TOWN Neosho
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 430 W. Coler St.

0732
0

3. NAME OF DECEASED (Type or Print)
a. (First) Lorenzo
b. (Middle) C.
c. (Last) Wallis

4. DATE OF DEATH (Month) May (Day) 17, (Year) 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 13, 1881
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway
10b. KIND OF BUSINESS OR INDUSTRY Mail Service
11. BIRTHPLACE (City and State or Foreign Country) Pea Ridge, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Newton Wallis
13b. MOTHER'S MAIDEN NAME Dora Stroud
14. NAME OF HUSBAND OR WIFE Louise Wallis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Louise Wallis ADDRESS Neosho, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH 1 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) E812.4 .5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Neosho, (COUNTY) Newton (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-17-55 noon m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? auto hit him in garden

22. *I hereby certify that I attended the deceased from _____, 19____, to 5-17, 1955, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Corley Thompson Jr. (Degree or title) 3
23b. ADDRESS Neosho, Mo.
23c. DATE SIGNED 5-24-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-20-55
24c. NAME OF CEMETERY OR CREMATORY I O O F
24d. LOCATION (City, town, or county) Neosho, Missouri (State)

DATE REC'D BY LOCAL REG. 5-26-55
REGISTRAR'S SIGNATURE Melvin C. Bowman
25. FUNERAL DIRECTOR'S SIGNATURE Corley Thompson Jr. ADDRESS Neosho, Mo.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 655-97

Date Filed JUN 3 1955

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

JUN 29 1955

JUN 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy P. Adams

Licensed Embalmer No. 4928

P. O. Address Neosho, Mo

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