

FILED AUG 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21734

State File No.

BIRTH NO.		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>5430</u>		Registrar's No. <u>533</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Central</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY OR TOWN <u>Rural -</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Clair R #1</u>				e. STREET ADDRESS (If rural, give location) <u>St. Clair - R #1</u> <u>03600</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle) <u>W</u>		c. (Last) <u>Wall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-26-1955</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>widowed</u>		8. DATE OF BIRTH <u>3-28-1888</u>	
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Carpenter General work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nighton Wall</u>		13b. MOTHER'S MAIDEN NAME <u>Emangelina Kappier</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>223-05-9156</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rube Wall - St. Clair. 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4501</u> DUE TO (c) <u>Myocardial infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, but not related to the disease or condition causing death. <u>Myocardial infarction left foot. Week-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>					
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>due to Thrombosis of Saphenous Vein</u>		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Clair Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>no</u>			
22. I hereby certify that I attended the deceased from <u>9-22</u> , 19 <u>54</u> , to <u>7-26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-26</u> , 19 <u>55</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Rev. W. E. Kitchell - M. D.</u>				23b. ADDRESS <u>St. Clair Mo</u>		23c. DATE SIGNED <u>7-27-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dry Branch Cemetery Franklin Co. Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Franklin Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-29-55</u>		REGISTRAR'S SIGNATURE <u>G. H. Williams</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Shirwood Kitchell</u>		ADDRESS <u>no</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 17 1958

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. 45

P. O. Address _____

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.