

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28719**

FILED AUG 23 1955

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4578** Registrar's No. **lab**

1. PLACE OF DEATH a. COUNTY Caneyr		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Baxter	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holister, Mo.		c. CITY OR TOWN Arkana, Ark.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 month		e. STREET ADDRESS (If rural, give location) Route 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		f. 8058	
3. NAME OF DECEASED (Type or Print) a. (First) Phoeba b. (Middle) Wallace c. (Last) Wallace			4. DATE OF DEATH August 4, 1955 (Month) (Day) (Year)
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed.	8. DATE OF BIRTH 6-10-1876
9. AGE (In years last birthday) 79		10. MONTHS 1	11. DAYS 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Holister, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Satterfield	
13b. MOTHER'S MAIDEN NAME Lucien Passmore		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME W.H. Wallace ADDRESS Mountain Home, Ark.
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degenerative Heart Disease DUE TO (c) 4/20/1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH immed.	
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 1954 to 8-4, 1955 , that I last saw the deceased alive on 7-24, 1955 and that death occurred at 10:45 AM from the causes and on the date stated above.			
23a. SIGNATURE W.H. Wallace (Degree or title) MD		23b. ADDRESS Mountain Home, Ark.	23c. DATE SIGNED 8-10-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-6-1955	24c. NAME OF CEMETERY OR CREMATORY Gilacia Cemetery	24d. LOCATION (City, town, or county) (State) Norfolk, Arkansas
DATE REC'D BY LOCAL REG. 8/16/55	REGISTRAR'S SIGNATURE Heleen Campbell 5141-1	25. FUNERAL DIRECTOR'S SIGNATURE B.B. McClain ADDRESS Mountain Home, Ark.	

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 Was not embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... G. B. McCune

Licensed Embalmer No.....

P. O. Address Mt. Airy

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.