

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30393**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5939 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>		
b. CITY (If outside corporate limits, give RURAL or townships) OR TOWN <u>rural Cedar Springs in transit</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Salem Rural</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>x Hwy 72</u>			e. STREET ADDRESS (If rural, give location) <u>Watkins typ 0810</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>Iva</u> c. (Last) <u>Wallace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-18-55</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan 21 1897</u>	9. AGE (In years last birthday) <u>57.58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>Wm Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Brookes</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Wallace</u> ADDRESS <u>Salem rt 1 Mo</u>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>		DUPLICATE OF (b) <u>General debilitation</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>002x</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 5/23, 1953, to 8/6, 1955, that I last saw the deceased alive on 8/6, 1953, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Bass M.D.</u> (Degree or title)		23b. ADDRESS <u>Bass Clinic - SALEM, Mo</u>		23c. DATE SIGNED <u>9/19/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Sept. 20, 1955</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u> 380.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Spren</u> ADDRESS <u>Salem Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

810

RECEIVED

Phelps County Health Officer;

County File Number 229

Date Filed SEP 28 1955

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 [Signature]

Licensed Embalmer No. 237

P. O. Address [Signature]

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.