

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **32495**

**FILED NOV 14 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 6296 Registrar's No. 439

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo,</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY OR TOWN <b>Burfordsville, KINDER</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Burfordsville</b>	
c. LENGTH OF RESIDENCE (in this place) <b>30 years</b>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>T.W.P.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Margret</b> b. (Middle) <b>E</b> c. (Last) <b>Wallis,</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 29-1955</b>						
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow,</b>	8. DATE OF BIRTH <b>Sept 4th 1859</b>	9. AGE (In years last birthday) <b>96</b>	10. UNDER 1 YEAR Months <b>1</b> Days <b>24</b>	11. BIRTHPLACE (State or foreign country) <b>Ballinger Co Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11a. NAME OF HUSBAND OR WIFE <b>Charles</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Thomas Hawn</b>	13b. MOTHER'S MAIDEN NAME <b>Yount,</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Wallis Tutterville</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis, generalized</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>4500</b>		
	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 <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) _____	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 May, 1949, to 10-28, 1955, that I last saw the deceased alive on 10-14, 1955, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE <b>C.F. McDonald, MD.</b> (Degree or title)	23b. ADDRESS <b>Jackson, Mo.</b>	23c. DATE SIGNED <b>11-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 30th 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Old Liberty,</b>	24d. LOCATION (City; town, or county) (State) <b>Marquand, MO</b>
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DATE REC'D BY LOCAL REG. <b>10-10-55</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Baker Funeral Home Tuterville</b>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

1160

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 .....  
Student Embalmer

Signed

*A. J. Baker*

Licensed Embalmer No. *2673*

P. O. Address

*Steeleville, Mo.*

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 this body is not embalmed, fact should be so stated above.