

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32500

State File No.

FILED NOV 15 1955

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>513 N. Monroe St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>MASON</u> c. (Last) <u>WAL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1955</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 16 1868</u>	9. AGE (in years last birthday) <u>86</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>Retired - Justice of Peace</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>New Douglas Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John P. Wall</u>	13b. MOTHER'S MAIDEN NAME <u>Susan M. Cudd</u>	13c. NAME OF HUSBAND OR WIFE <u>Grace Wall</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wm A. Wall</u>	ADDRESS <u>Chicago Ill</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) <u>Arteriosclerosis generalized</u>		<u>10 yrs</u> <u>10 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260X</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)	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 Jan 1944, 1944, to Nov 6, 1955, that I last saw the deceased alive on Nov 6, 1955, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John H P Lutz MD</u>	23b. ADDRESS <u>303 N. Main St. Carrollton Mo</u>	23c. DATE SIGNED <u>11-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/10/55</u>	REGISTRAR'S SIGNATURE <u>Mr Herbert Calvert</u>	45-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>	ADDRESS <u>Carrollton Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Ben W. Gibson*

Licensed Embalmer No. *296*

P. O. Address *Carrollt*

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.