

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34003

State File No.

FILED NOV 4 1955

BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3048 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY OR TOWN <u>Chillicothe</u> c. LENGTH OF STAY (in this place) <u>35 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 Conn St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> c. CITY OR TOWN <u>Chillicothe</u> d. Is residence within limits of a city or incorporated town? Yes ☐ No ☐ e. STREET ADDRESS (If rural, give location) <u>109 Conn St.</u> <u>0592</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JUNIOR</u> b. (Middle) <u>ROOSEVELT</u> c. (Last) <u>WALLACE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 24 1955</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 29, 1903</u>	9. AGE (In years last birthday) <u>52</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Jamesport, Missouri</u>			
13a. FATHER'S NAME <u>Samuel Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie White</u>		14. NAME OF HUSBAND OR WIFE <u>Leah Washington Wallace</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500-07-1298</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leah Wallace; Chillicothe, 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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Artemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>447X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES ☐ NO ☒		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1953</u> , to <u>Oct 1955</u> , that I last saw the deceased alive on <u>23 Oct, 1955</u> , and that death occurred at <u>6:20pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles M. Grace M.D.</u>			23b. ADDRESS <u>Chillicothe, Mo.</u>		23c. DATE SIGNED <u>12 Oct 55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Utica, Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Utica, Liv Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>NORMAN FUNERAL HOME, Chillicothe, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>10-28-55</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>					

(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.....
Joseph M. Libron

Licensed Embalmer No. *476*

P. O. Address *Chellico*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.