

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37266

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Webb City</u>	c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY OR TOWN <u>Joplin</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>Jane Chism Hosp.</u>		STREET ADDRESS (If rural, give location) <u>1510 Monroe</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>M.</u> c. (Last) <u>Wallace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-14-1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-21-1885</u>	9. AGE (In years last birthday) <u>70</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>Stationary Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Cumberland, Co. Ky - 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Wallace</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia J. Rullledge</u>	14. NAME OF HUSBAND OR WIFE <u>Gladya Wallace</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>WW# 1</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gladya Wallace</u> ADDRESS <u>1501 Monroe Joplin Mo</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, asphemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgical Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Strangulated Right</u>		
	DUE TO (c) <u>Inguinal Hernia</u>		<u>1 Day</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Asthma</u>		<u>2 years</u>

19a. DATE OF OPERATION <u>11-14-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Incarcerated Right Inguinal Hernia</u>		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 11-13, 1955, to 11-14, 1955, that I last saw the deceased alive on 11-14, 1955, and that death occurred at 8:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D Lawson</u>	23b. ADDRESS <u>Joplin Mo</u>	23c. DATE SIGNED <u>11-18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-17-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-21-55</u>	REGISTRAR'S SIGNATURE <u>Ms. Madeline Sirtz</u>	FUNERAL DIRECTOR'S SIGNATURE <u>474 S. Turner Hill - Dillon</u>	ADDRESS <u>Joplin, Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

NOV 20 1955
Joplin Office
County File Number 55-11-812
Date Filed NOV 20 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..... *William E. Anderson*

Licensed Embalmer No. *47*

P. O. Address *Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.