

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43226**

FILED JAN 4 - 1956

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4536** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Petati		c. CITY OR TOWN Petati	
c. LENGTH OF STAY (in this place) 12 yrs.		d. 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 518 Austin		e. STREET ADDRESS (If rural, give location) 518 Austin No. 0	
3. NAME OF DECEASED (Type or Print) a. (First) Lillie		b. (Middle) Wallenstrom	
c. (Last) Wallenstrom		4. DATE OF DEATH (Month) (Day) (Year) Dec. 30 1955	
5. SEX Female	6. COLOR (or RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 9 1876
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 7 Days 21	IF UNDER 2 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) Not employed		10b. KIND OF BUSINESS OR INDUSTRY 	
11. BIRTHPLACE (City and State or Foreign Country) Washington Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Stephen Welker		13b. MOTHER'S MAIDEN NAME Ornanda Wright	
14. NAME OF HUSBAND OR WIFE 			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 	
17. INFORMANT'S SIGNATURE OR NAME Jodie Hillman Petati Mo.		ADDRESS 	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis and Septicemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 1955 , to 12-30, 1955 , that I last saw the deceased alive on 12-30, 1955 , and that death occurred at 6:15 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Print name or title) H. F. Russell M.D.		23b. ADDRESS Petati Mo.	
23c. DATE SIGNED 1/3/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-56	
24c. NAME OF CEMETERY OR CREMATORY Wright Cemetery		24d. LOCATION (City, town, or county) (State) Washington Co. Mo.	
DATE REC'D BY LOCAL REG. 1-3-56		REGISTRAR'S SIGNATURE Herbert G. Sudders	
FUNERAL DIRECTOR'S SIGNATURE Mrs. Luther Sparks		ADDRESS Petati Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JUN 5

WASH. COUNTY HEALTH DEPT.

FILE NO. _____

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 *Murphy L. Spinks*.....

Licensed Embalmer No. *4236*..

P. O. Address *Flat River, 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.