

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43232**

BIRTH NO. _____ REG. DIST. NO. **369** PRIMARY REG. DIST. NO. **4538** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY WAYNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY IRON	
b. CITY (If outside corporate limits, write RURAL and give town) PIEDMONT	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN DES ARC	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0479	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) KIRBY c. (Last) WALLIS	4. DATE OF DEATH (Month) (Day) (Year) DEC. 22 - 55
5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV-17-1887 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY GROCERY STORE
11. BIRTHPLACE (City and State or Foreign Country) DES ARC MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE WALLIS	13b. MOTHER'S MAIDEN NAME MARTHA BERCHAM	14. NAME OF HUSBAND OR WIFE ALTA WALLIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. 492-03-5031	17. INFORMANT'S SIGNATURE OR NAME Homer Wallis ADDRESS IRON #98 East St. Mo.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) diabetes		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		

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)	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 **4/19**, 19**48**, to **12/21**, 19**55**, that I last saw the deceased alive on **12/21**, 19**55**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. H. H. M.D. (Degree or title)	23b. ADDRESS Piedmont Mo.	23c. DATE SIGNED 12/23/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC 24 - 55	24c. NAME OF CEMETERY OR CREMATORY DES ARC
24d. LOCATION (City, town, or county) DES ARC MO.		

DATE REC'D BY LOCAL REG. Dec. 24, 1955	REGISTRAR'S SIGNATURE Hazel Hall 460	EMERALD DIRECTOR'S SIGNATURE Homer W. Bell ADDRESS Piedmont Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 31 1956

WAYNE CO. HEALTH CENTER
FILE NO. _____
DEC 29 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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Bowles.....

Licensed Embalmer No. 44.....

P. O. Address Peoria.....

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.