

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22506**

FILED JUN 22 1956

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sikeston)		c. LENGTH OF STAY (In this place) 5 Days		c. CITY OR TOWN Sikeston		d. In 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 Mo. Delta Community Hospital				e. STREET ADDRESS (If rural, give location) 711 Matthews St. 7003			
3. NAME OF DECEASED (Type or Print) a. (First) James			b. (Middle) Franklin			c. (Last) Wallace	
4. DATE OF DEATH (Month) (Day) (Year) 6 10 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1-2-1877		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 5 Days 8		IF UNDER 1 YEAR Hours 8 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) DeSoto, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Wallace		13b. MOTHER'S MAIDEN NAME Sisie Irene Kite		14. NAME OF HUSBAND OR WIFE Ida Mae Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil Wallace, Sikeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction jejunum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ? metastatic carcinoma of liver DUE TO (c) ? Carcinoma of colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		153X	
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 May 21 , 1956, to 6/10 , 1956, that I last saw the deceased alive on 6/10 , 1956, and that death occurred at 9:01 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. C. Cutchlow MD				23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED June 12, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-12-56		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL		24d. LOCATION (City, town, or county) (State) SIKESTON MO	
DATE REC'D BY LOCAL REG. 6-13-56		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weld Funeral Home - Sikeston Mo			

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

DATE RECEIVED

JUN 18 1956

SCOTT CO HEALTH DEPT.

CC

656-138

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Keokuk

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.