

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40452

STATE FILE NUMBER

FILED JAN 7 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 393

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u> Inside Limits Yes <input type="checkbox"/> ? No <input type="checkbox"/>		c. CITY OR TOWN <u>Burlington Junction</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>on way to hospital</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>0</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LOREN</u> Middle <u>EARL</u> Last <u>WALLACE</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>31</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 10, 1894</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Osteopath</u>	11. BIRTHPLACE (City and state or country) <u>CHARMONT, Mo</u>
100. KIND OF BUSINESS OR INDUSTRY <u>Osteo. Phys.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Mynatt Wallace</u>		14. MOTHER'S MAIDEN NAME <u>EMMA SHEARER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-26-0869</u>	
17. INFORMANT <u>Mrs. L. E. Wallace, Burlington Jct. Mo.</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive Heart Failure approx 5 hrs.</u> DUE TO (b) <u>Splenomegaly</u> DUE TO (c) <u>Chronic Lymphatic Leukemia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>2040</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>10 days approx 7 yrs.</u>		19a. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>a. m.</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>2-1-53</u> to <u>12-20-56</u> and last saw <u>him</u> alive on <u>12-20-56</u> Death occurred at <u>12-31-56</u> <u>at home</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In free or title) <u>Traver E. Sawyer D.O.</u>		22b. ADDRESS <u>Kirksville Missouri</u>	
22c. DATE SIGNED <u>12-31-56</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) (State) <u>Burlington Jct. Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Davis & Davis, Kirkville, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>12-31-56</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Rathff</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert B. Davis*

Licensed Embalmer No. *4*

P. O. Address *Kirkville*

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