

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **41080**

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO. b. COUNTY FRANKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN UNION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				e. STREET ADDRESS (If rural, give location) R.R. " 2 0360			
3. NAME OF DECEASED (Type or Print) a. (First) EVA		b. (Middle) MAY		c. (Last) WALLACE		4. DATE OF DEATH (Month) (Day) (Year) DEC. 21, 1956	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG. 11, 1880	
9. AGE (In years last birthday) 76		10. MONTHS 4		11. DAYS 10		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and State or Foreign Country) GRANT CO. OREGON		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME FRANCIS WALLACE		13b. MOTHER'S MAIDEN NAME EVA ROBERTSON		14. NAME OF HUSBAND JAMES M. WALLACE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME WAYNE WALLACE ADDRESS UNION, 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) CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIAL FIBRILLATION DUE TO (c) UNIVENTRICULAR FIBRILLATION II. OTHER SIGNIFICANT CONDITIONS PROBABLY PREVIOUS Conditions contributing to the death but not related to the disease or condition causing death. CORONARY THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH 14 HRS 1 WK 5 WKS 5-6 WKS	
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 1956 , 19 56 , to DEATH , 19 56 , that I last saw the deceased alive on 12-21 , 19 56 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE John J. Earl, M.D. (Degree or title)		23b. ADDRESS St. Clair, Mo.		23c. DATE SIGNED 12-22-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/24/56		24c. NAME OF CEMETERY OR CREMATORY UNION CEMETERY		24d. LOCATION (City, town, or county) (State)* UNION MO.	
DATE REC'D BY LOCAL REG. 12/24/56		REGISTRAR'S SIGNATURE H. J. Widmann		25. FUNERAL DIRECTOR'S SIGNATURE E. F. Ottmann ADDRESS Union, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer.

Signed *E. F. Ottmann*.....

Licensed Embalmer No. *1686*

P. O. Address *Union, 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.