No. 300
10.48

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2339

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6963 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: PLATTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FERRELVIEW, MO.
c. LENGTH OF STAY (In this place): Lifelong
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PLATTE
c. CITY OR TOWN: FERRELVIEW
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): 0830

3. NAME OF DECEASED (Type or Print)
a. (First): BOOKER
b. (Middle):
c. (Last): WALLIS

4. DATE OF DEATH (Month) (Day) (Year): JAN. 7, 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: SEPT. 8, 1913
9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months: 3 Days: 30
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING
11. BIRTHPLACE (City and State or Foreign Country): PLATTE COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: A. D. WALLIS
13b. MOTHER'S MAIDEN NAME: MINNIE BELL RODGERS
14. NAME OF HUSBAND OR WIFE: NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 493-12-1573
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: A. D. WALLIS, FERRELVIEW, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GUNSHOT WOUND IN HEAD — INTERVAL BETWEEN ONSET AND DEATH:

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 976X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): SUICIDE
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* —, 19____, *to* —, 19____, *that I last saw the deceased alive on* —, 19____, *and that death occurred at* APPROX 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roland M. Giffee, Coroner
23b. ADDRESS: Platte City, Mo.
23c. DATE SIGNED: 1-8-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN. 10, '57
24c. NAME OF CEMETERY OR CREMATORY: PLATTE CITY CEMETERY
24d. LOCATION (City, town, or county) (State): PLATTE CITY, MISSOURI

DATE REC'D BY LOCAL REG.: Jan 8, 1957
REGISTRAR'S SIGNATURE: Ophia Rollins
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McCOMAS FUNERAL HOME, Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

257

JAN 1957
RECEIVED
PLATTE COUNTY
HEALTH DEPT
By.....

FEB 20 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4 5 2

P. O. Address Smithville, Mo

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