

FILED AUG 23 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3617

Registration District No. 149

Primary Registration District No. 16.02

Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY				c. CITY OR TOWN KANSAS CITY			
Inside Limits Yes ☒ No ☐				Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL				Length of stay in lb 38 YEARS			
3. NAME OF DECEASED (Type or print) First JUNIATA Middle ALIANORE Last WALLACE				4. DATE OF DEATH Month July Day 30 Year 1957			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐		8. DATE OF BIRTH FEB. 9. 1879	
9. AGE (In years last birthday) 78		10. FUNDING YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) VERNON COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER				10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) VERNON COUNTY, MISSOURI	
13a. FATHER'S NAME ABRAHAM PORTER				13b. MOTHER'S MAIDEN NAME LOUISA THOMPSON		14. NAME OF HUSBAND OR WIFE JOHN MACK WALLACE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address K.C. Mo. MRS. BONNIE L. WALLACE, 4410 GARFIELD.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Idiopathic Pneumonia Terminal						INTERVAL BETWEEN ONSET AND DEATH 36 TH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malnutrition & Dehydration						2 Weeks	
DUE TO (c) Acute Gall Bladder attack followed by Mechanical Obstruction of small Bowel						started July 7-1957	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) C.V. a- 4yr ago.						19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	
20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐			
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 July 7, 57 to July 30, 57 and last saw her alive on July 30, 1957				Death occurred at 1:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Of decedent or title) John H. Boyles, M.D.				22b. ADDRESS 1232 Professional Bldg.			
22c. DATE SIGNED 7-31-57				23a. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS			
23b. DATE AUG. 1, 1957				23c. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 8-1-57			
26. REGISTRAR'S SIGNATURE Neva Minshall							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Glen H. Broyles

MEDICAL CERTIFICATION

KP 2

Dec 1-4420
Se 1-7262

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address 47 E. 32nd. K.C.

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.