

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005931
STATE FILE NUMBER 480

Registration District No. 149 Primary Registration District No. 1002 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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In front of 4844 E. 7th		Length of stay in lb 45 yrs	d. STREET ADDRESS 4840 E. 7th St.
3. NAME OF DECEASED (Type or print) GEORGE MORANT WALLACE		First Middle Last	4. DATE OF DEATH Month Day Year Jan 28 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9 March 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Cashier		10b. KIND OF BUSINESS OR INDUSTRY Local Fgt. Office	11. BIRTHPLACE (City and state or country) K. C., Ks.
13a. FATHER'S NAME James M. Wallace		13b. MOTHER'S MAIDEN NAME Anna Wise	12. CITIZEN OF WHAT COUNTRY? U. S. a
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give major dates of service) Yes WW # 1		16. SOCIAL SECURITY NO. 709-18-3817	17. INFORMANT Address Mrs. Susan Mary Wallace, 4840 E. 7th St.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4200	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
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 1-10-45 to 1-28-58 and last saw him alive on 1-27-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Graham Owens, M.D. (Degree or title)		22b. ADDRESS 906 Grand KCMo	22c. DATE SIGNED 1-29-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-30-1958	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home 1800 E. Linwood, K. C., Mo.		25. DATE RECD. BY LOCAL REG. 1-29-58	26. REGISTRAR'S SIGNATURE Nora Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Graham Owens

All diseases in Part I must be causally related.

To: Leaborn Cemetery
Rialto Bldg.
02-2-2813



1- 3:30 PM

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. L. Gibson*

Licensed Embalmer No. *4137*
P. O. Address *Excelsior Spg. 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.