

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013784
State File No.

FILED MAY 6 1958

BIRTH NO.		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>5430</u>		Registrar's No. <u>661</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Central</u>		c. LENGTH OF STAY (in this place) <u>Years -</u>		c. CITY OR TOWN <u>Rural - 0360</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural - St. Clair mo.</u>				STREET ADDRESS (If rural, give location) <u>St. Clair mo. R#2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Frank</u>		b. (Middle) <u>P</u>		c. (Last) <u>Wall</u>	
4. DATE OF DEATH		(Month) <u>5</u>		(Day) <u>1</u>		(Year) <u>58</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>9-16-1877</u>	
9. AGE (In years last birthday) <u>80</u>		If UNDER 1 YEAR Months <u>7</u> Days <u>15</u>		If UNDER 1 HRS. Hours <u>1</u> Min. <u>5</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Referee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Highton Wall</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Wappler</u>		14. NAME OF HUSBAND OR WIFE <u>✓</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>44</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.W. Wall - St. Clair mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensation of Heart</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Mitral Regurg.</u> DUE TO (c) <u>Heart disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>410X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>Years -</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>General Atherosclerosis.</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>2-10-</u> , 19 <u>58</u> , to <u>5-1-</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4-28-</u> , 19 <u>58</u> , and that death occurred at <u>P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. E. Mitchell</u>				23b. ADDRESS <u>St. Clair mo</u>		23c. DATE SIGNED <u>5-2-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 2-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Our Canada Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Our Canada mo</u>	
DATE REC'D BY LOCAL REG. <u>4-29-58</u>		REGISTRAR'S SIGNATURE <u>A. Lloyd Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carson Funeral & Crem. Co. St. Clair mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0360

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.