

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-188662

STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 217

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|---|----------------------------------|--|--|--|---|
| 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 Independence | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Independence | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanitarium & Hospital | | Length of stay in 1b 1 & 1/2 Hours | d. STREET ADDRESS (If outside, give location) 3709 South Spring | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First James Middle V. Last Wallis | | | 4. DATE OF DEATH Month May Day 13 Year 1958 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH March 9, 1928 | | 9. AGE (In years last birthday) 30 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Hardware Store | 11. BIRTHPLACE (City and state or country) Unknown | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Joe Wallis | | 13b. MOTHER'S MAIDEN NAME Zettie Bland | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | | 16. SOCIAL SECURITY NO. 511-24-6375 | | 17. INFORMANT Address Mrs. Buel Shipman 17311 E. 40 Hiway | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Floch & Hemorrhage resulting from crushing injuries of chest, skull & rib fractures, laceration of lungs & Hemorrhage | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Crushing injuries of chest, skull & rib fractures, laceration of lungs & Hemorrhage | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car accident | | | |
| 20c. TIME OF INJURY Hour 18:30 Month, Day, Year May 13, 1958 | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 20f. CITY, TOWN, OR LOCATION Independence COUNTY Jackson STATE Mo. | |
| 21. I attended the deceased from _____, to _____ and last saw ^{her} / _{him} alive on _____ Death occurred at 10:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22. SIGNATURE Geo. C. Carson (Degree or title) | | | 22b. ADDRESS 662 7th Street, Independence, Mo. | | 22c. DATE SIGNED 5-14-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 5/14/58 | 23c. NAME OF CEMETERY OR CREMATORY Hiawatha, Kansas | | 23d. LOCATION (City, town, or county) (State) |
| 24. FUNERAL DIRECTOR Geo. C. Carson | | ADDRESS Indep., Mo. | | 25. DATE RECD. BY LOCAL REG. 5-14-58 | 26. REGISTRAR'S SIGNATURE [Signature] |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 21 1958

MAY 20 1958

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 *C. Ray Landerbach*

Licensed Embalmer No. 5027

P. O. Address *Indep., Md*

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.