Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018771
STATE FILE NUMBER

FILED JUN 4 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City, Mo. — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hosp. — Length of stay in 1b: 2 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jasper
c. CITY OR TOWN Rt 1 Webb City, Mo. 0490 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 1 Mile. W. of Webb City, Mo. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Rose — Middle M. — Last Wallar

4. DATE OF DEATH: Month May — Day 28 — Year 1958

5. SEX: FeMale

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Oct. 8, 1891

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Issac Lamb

13b. MOTHER'S MAIDEN NAME: Martha Dove

14. NAME OF HUSBAND OR WIFE: Charles Wallar

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.:

17. INFORMANT: Mrs. Ethel Smith — Address: Rt 1 Webb City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Inanition and Debilitation	1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Carcinomatosis	2 years
DUE TO (c)	Primary Carcinoma of Breast 170X	7 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] 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 12-11-55, to 5-28-58 and last saw her alive on 5-27-58. Death occurred at 7:35 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)

22b. ADDRESS: 624 W. Broadway, Webb City, Mo.

22c. DATE SIGNED: 5/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: May 31, 1958

23c. NAME OF CEMETERY OR CREMATORY: Forrest Park Cemety

23d. LOCATION (City, town, or county) (State): Joplin, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Johnston-Arnce-Simpson Mortuary, Webb City, Mo.

25. DATE RECD. BY LOCAL REG.: 5-31-58

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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. 446

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.