

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022124

STATE FILE NUMBER

3051

JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300 /  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2748 Holmes</b>		d. STREET ADDRESS (If outside, give location) <b>2748 Holmes</b>	
Length of stay in 1b <b>37 Yrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>LEWIS</b> Middle <b>ARTHUR</b> Last <b>WALLACE</b>			4. DATE OF DEATH Month <b>6</b> Day <b>16</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 4 1879</b>	9. AGE (In years from birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Photostat Opr.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>B. M. A.</b>	11. BIRTHPLACE (City and state or country) <b>Hamilton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
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13a. FATHER'S NAME <b>James Wallace</b>	13b. MOTHER'S MAIDEN NAME <b>Emily (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Elva Wallace</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>495 03 5201A</b>	17. INFORMANT Address <b>Mrs. Elva Wallace-2748 Holmes</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>4200</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Myocardial Infarction past. Cong. Ht. Failure. C.I. Hemorrhage cause?</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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 _____
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21. I attended the deceased from <b>Oct 8, 1948</b> to <b>June 16, 1958</b> and last saw <sup>her</sup> him alive on <b>Oct. 15, 1957</b> Death occurred at <b>5:00</b> P on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Irvin C. Layton</i> (Degree or title)	22b. ADDRESS <b>772 Arvyle Bldg K.C., Mo</b>	22c. DATE SIGNED <b>6-18-58</b>
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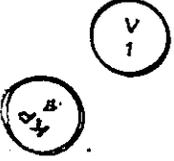
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-19-1958</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Floral Hills</b>	23d. LOCATION (City, town, or county) <b>Kansas City</b>	(State) <b>Missouri</b>
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24. FUNERAL DIRECTOR <b>Floral Hills Mem. Chapels Inc. K.C. Mo</b>	25. DATE RECD. BY LOCAL REG. <b>6-18-58</b>	26. REGISTRAR'S SIGNATURE <i>Norm Minshall</i>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
IRB C. Layton

*W. C. Mosinger  
St. Louis  
Mo.  
8227*



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 *W. C. Mosinger* .....  
Licensed Embalmer No. *5938* .....  
P. O. Address *W. C. Mosinger* .....

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.