

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039197

STATE FILE NUMBER

FILED DEC 9 1958		Registration District No. 59		Primary Registration District No. 4097		Registrar's No. 167	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY OR TOWN <u>HARRISONVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BELTON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEMORIAL HOSP</u>		Length of stay in lb <u>2 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>505 BLUE ST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LUTHER HUDSON WALLACE</u>				4. DATE OF DEATH Month Day Year <u>12-1-58</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 7, 1869</u>	
9. AGE (In years, months, days) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (City and state or country) <u>Carroll County, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>CHARLES WALLACE</u>		13b. MOTHER'S MAIDEN NAME <u>MELISSA WINTERS</u>		14. NAME OF HUSBAND OR WIFE <u>MATTIE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>ROBERT WALLACE 505 BLUE BELTON,</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDITIS, CHRONIC 4221H</u> DUE TO (b) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</u> DUE TO (c) <u>Also GANGRENE, ARTERIOSCLEROTIC, LEFT LEG</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>SQUAMOUS CELL CARCINOMA, LIP, WITH LOCAL METASTASES</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 WEEKS</u> <u>6 Mo.</u> <u>1 Mo.</u>	
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.) <u>NONE</u>					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>—</u>		20d. INJURY OCCURRED WHILE AT <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.) <u>HARRISONVILLE, Cass, Missouri</u>		20f. CITY, TOWN, OR LOCATION <u>HARRISONVILLE, Cass, Missouri</u>					
21. I attended the deceased from <u>1946</u> to <u>DEC. 1, 1958</u> and last saw her alive on <u>Nov. 30, 1958</u> Death occurred at <u>12:55 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <u>Herbert A. Tracy, M.D.</u>				22b. ADDRESS <u>BELTON, Mo.</u>		22c. DATE SIGNED <u>12-1-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12/3/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BELTON CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>BELTON Missouri</u>	
24. FUNERAL DIRECTOR <u>E. K. GEORGE & SONS, INC., BELTON Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-4-1958</u>		26. REGISTRAR'S SIGNATURE <u>Frederick Anderson</u> <u>Deputy</u>			

DEC 5 1958
CASS COUNTY
HEALTH DEPARTMENT

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 *Arthur E. Goddard*

Licensed Embalmer No. 4911

P. O. Address Grandview

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.