

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039623

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1176

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1230 N National				Length of stay in lb 65yrs.		d. STREET ADDRESS (If outside, give location) 1230 N National	
3. NAME OF DECEASED (Type or print) First JOHN Middle R Last WALLACE				4. DATE OF DEATH Month Dec Day 6 Year 1958			
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug '8 1893	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Bldg Contractor		11. BIRTHPLACE (City and state or country) Springfield Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Rol Wallace				13b. MOTHER'S MAIDEN NAME Mary Gray		14. NAME OF HUSBAND OR WIFE Willetta Wahlace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.I				16. SOCIAL SECURITY NO.		17. INFORMANT Address Willetta Wallace 1230 N National	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Renal Disease						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____	
						DUE TO (c) _____	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 442X	
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK 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 this one time to Dec. 6, 1958 and last saw him alive on _____ Death occurred at 12:15a on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Lyman D. Brown M.D.				(Degree or title)		22b. ADDRESS 311 1/2 College	
22c. DATE SIGNED 12/8/58							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec '11 1958		23c. NAME OF CEMETERY OR CREMATORY Lincoln Memorial		23d. LOCATION (City, town, or county) (State) Springfield Mo	
24. FUNERAL DIRECTOR H.Y. Smith 602 N. Jefferson				ADDRESS		25. DATE RECD. BY LOCAL REG. 12-11-58	
				26. REGISTRAR'S SIGNATURE Effie S. Mellon			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

1959 JAN 20 1959 FEB 2

DEC 18 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 Herbert V. Smith

Licensed Embalmer No. 4286

P. O. Address Springfield

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.