

37546-58

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043414

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 43

Primary Registration District No. _____

Registrar's No. 701

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Poplar Bluff TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Brosley 0120
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. One (Home)		Length of stay in lb 4 Mo.	d. STREET ADDRESS (If outside, give location) R.F.D. One.
3. NAME OF DECEASED (Type or print) Terrance		First L. Middle Wallace Last	4. DATE OF DEATH Month 11 Day 30 Year 1958
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2 1958 9. AGE (In years last birthday) 4mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Terry Wallace		13b. MOTHER'S MAIDEN NAME Claudette Dora	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)		16. SOCIAL SECURITY NO.	17. INFORMANT Terry Wallace R.F.D. One, Brosley, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation by Nursing Bottle DUE TO (b) Accidental occlusion of air-way DUE TO (c) 9210 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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"/> 2
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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 112 COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward W. Cline, M.D. (Degree or title)		22b. ADDRESS Poplar Bluff, Mo	22c. DATE SIGNED 12-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/2/1958	23c. NAME OF CEMETERY OR CREATION Morocco Cemetery
		23d. LOCATION (City, town, or county) Butler, Mo.	
24. FUNERAL DIRECTOR Peoples Funeral Home, Poplar Bluff, Mo		25. DATE REC'D. BY LOCAL REG. 12/13/58	26. REGISTRAR'S SIGNATURE R. Bonnetree

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.

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OUTLER POLICE CENTER

FILE NO.

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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.....

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).

c. 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.

Not Embalmed