

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008619
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 47 Primary Registration District No. 5167 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before death) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Route 3 Auxvasse, Mo. 0140 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION R. 3 Auxvasse, Mo. Life		d. STREET ADDRESS E. of Hatton, Mo. Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Wallace Burnett Harding First Middle Last			4. DATE OF DEATH March 24, 1959 Month Day Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 20, 1883	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		9b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.	
10a. FATHER'S NAME William Alexander Harding		11. BIRTHPLACE (City and state or country) Hatton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. MOTHER'S MAIDEN NAME Martha Jane Holt		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. 488 42 9691		17. INFORMANT Mrs. Wilma Harding, R. 3 Auxvasse, 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) Multiple myeloma		INTERVAL BETWEEN ONSET AND DEATH 1 year
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"/>

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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 6 1959 to March 14 1959 and last saw ^{her} him alive on March 14 59 Death occurred at 11:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O. L. Davis M.D. (Degree or title)		22b. ADDRESS Missouri	
22c. DATE SIGNED 3/27/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Mar. 26, 1959		23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem.	
23d. LOCATION (City, town, or county) Hatton, Mo.		23e. LOCATION (City, town, or county) (Side)	

24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. April 4 1959		26. REGISTRAR'S SIGNATURE Martha Lawrence	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

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 *Marshall C. Blackwell*

Licensed Embalmer No.....*4*

P. O. Address...*Fulton,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.