

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 14 1959

59-009989
STATE FILE NUMBER

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, give TOWNSHIP only) Lebanon		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Stoutland		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) Louise G. Wallace		Length of stay in lb 8 days	d. STREET ADDRESS (If outside, give location) 1 mi S.W. of Stoutland		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Jesse Middle Monroe Last Archer			4. DATE OF DEATH Month April Day 3 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒	8. DATE OF BIRTH 1-12-1873	9. AGE (In years) 86 (birthday)	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Camden Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Archer		13b. MOTHER'S MAIDEN NAME Matilda Kissinger		14. NAME OF HUSBAND OR WIFE none	
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. none		17. INFORMANT Louise G. Wallace Hospital, Lebanon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Bronchial Bilateral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rt. Sidel DUE TO (c) Congestive Heart Failure Terminal					INTERVAL BETWEEN ONSET AND DEATH 8 days 24 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X					19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐		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. Month, Day, Year p.m.					
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Stoutland STATE Mo.	
21. I attended the deceased from 2-1-49 to 4-3-59 and last saw her alive on 4-3-59 Death occurred at 7:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paula Jenkins (Degree or title) MD			22b. ADDRESS Knight Bldg., Lebanon, Mo.		22c. DATE SIGNED April 6, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-5-59	23c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery		23d. LOCATION (City, town, or county) (State) Stoutland, Mo.	
24. FUNERAL DIRECTOR J J. Smith		ADDRESS Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 4-7-1959	26. REGISTRAR'S SIGNATURE Willa L. May

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *T. E. [Signature]*

Licensed Embalmer No. *38578*
P. O. Address *Wes. [Signature]*

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.