Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012120
STATE FILE NUMBER

FILED APR 8 1959 Registration District No. 366 Primary Registration District No. Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Concord Twnsp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home Length of stay in Ib Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Bismarck RR#1 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 Mi.N.W.Bismarck Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First WILLIAM Middle OTTO Last WALLEN
4. DATE OF DEATH Month APRIL Day 1, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug.15,1891
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 7 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and state or country) Bismarck RR#1,Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marshall Nelson Wallen
13b. MOTHER'S MAIDEN NAME Mae Horton
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 493-32-9930
17. INFORMANT Mrs.Bessie Cooley Address Bismarck,Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Presumed to be natural causes
(Coroner of Washington county notified)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 7954

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 ☐ NO ☒ 2

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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 _____, to _____ and last saw her/him alive on _____
Death occurred at (unknown) m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Helmut Kudall (Degree or title) Local Registrar
22b. ADDRESS 912 Richeson Rd. Potosi, Mo.
22c. DATE SIGNED 4/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-6-59
23c. NAME OF CEMETERY OR CREMATORY Masonic
23d. LOCATION (City, town, or county) (State) Bismarck, Missouri

24. FUNERAL DIRECTOR Shipman & Sons ADDRESS Bismarck,Mo.
25. DATE RECD. BY LOCAL REG. 4/7/59
26. REGISTRAR'S SIGNATURE Helmut Kudall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

WASH. COUNTY HEALTH DEPT.
File No. _____

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 John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, Missouri

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.