

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013087

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 106

HEU MAY 1 1959

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Clinton
c. FULL NAME OF (If NOT in hospital, give location) Hospital OR INSTITUTION Wetzel Hosp.		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location) 207 E. Jefferson
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Minnie Ann Wallace			4. DATE OF DEATH Month Day Year 4 30 59			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-15-1869		9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Henry Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rob Cunningham	13b. MOTHER'S MAIDEN NAME MARGARET REYFRO	14. NAME OF HUSBAND OR WIFE Wallace Gus D.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state branch and (if yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT Mr. Augustus H. Wallace	Address Clinton
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Myocardial Insufficiency DUE TO (c) Cerebral Hemorrhage PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease or condition given in PART I (a) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 12-hr 24 hrs 72 hrs	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <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 Clinton	COUNTY Henry	STATE Missouri
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21. I attended the deceased from 4-28-59 to 4-30-59 and last saw her alive on 4-30-59
Death occurred at 5:37 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clinton L. Gless (Degree or title) MD	22b. ADDRESS 105 E Ohio Clinton	22c. DATE SIGNED 5/1/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) 5/2/59	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Tebbs Cem.	23d. LOCATION (City, town, or county) Leesville, Mo. Henry Co.
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24. FUNERAL DIRECTOR Consalus Clinton	ADDRESS Clinton	25. DATE RECD. BY LOCAL REG. 5-1-1959	26. REGISTRAR'S SIGNATURE Mildred Biggini
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ALL ENTRIES IN PART I MUST BE CAUSALLY RELATED.

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

....., Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

J. E. Couralme

Licensed Embalmer No. *1891*

P. O. Address... *Clinton*

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.