

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020773

FILED JUL 13 1959

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 194

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON-City</u>		Length of stay in 1b <u>14 days</u>		c. CITY OR TOWN <u>ELDON</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>STILLER-HOSPITAL-</u>				d. STREET ADDRESS (If outside, give location) <u>917 So-AUREA</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jrey-</u> Middle <u>EDWARD</u> Last <u>WALLIS</u>				4. DATE OF DEATH Month <u>June</u> Day <u>29</u> Year <u>1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>19 JAN-1912-47</u>	9. AGE (last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN-FARMING</u>		11. BIRTHPLACE (City and State or country) <u>MILLER-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.G.</u>	
13a. FATHER'S NAME <u>John-Wallis-</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>ROSA-ELLEN-WALLIS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>ROSA-ELLEN-WALLIS- ELDON-MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Inanition and debilitation</u>							
DUE TO (b) <u>Carcinomatous</u>							
DUE TO (c) <u>Carcinoma of the right Parotid gland</u>						<u>9 Months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) <u>NONE</u>			
20c. TIME OF INJURY Hour <u>NONE</u> a.m. <u>NONE</u> p.m. <u>NONE</u>							
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.) <u>NONE</u>	20f. CITY, TOWN, OR LOCATION <u>NONE</u>		COUNTY	STATE		
21. I attended the deceased from <u>3-20-59</u> to <u>6-29-59</u> and last saw her/him alive on <u>6-29-59</u> Death occurred at <u>7:10</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert O. Wonderley D.O.</u>				22b. ADDRESS <u>ELDON-MO</u>		22c. DATE SIGNED <u>29 June 59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL-</u>	23b. DATE <u>July-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New-Hope</u>		23d. LOCATION (City, town, or county) <u>MILLER-Co-Mo</u>			
24. FUNERAL DIRECTOR <u>Keith M. Kays.</u>			25. DATE RECD. BY LOCAL REG. <u>30 June 1959</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Davis, MA-MR.</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 7

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.