

FEDERAL BUREAU OF INVESTIGATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028002

FILED VS AUG 17 1959

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 245

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN
Kirksville

Length of stay in 1b
21 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Adair

c. CITY
OR
TOWN
Kirksville

Kirksville

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION
Community Home # 2

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
908 E. Missouri

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
MARGARET HELTON (LOVE) WALLACE

4. DATE OF DEATH

Month Day Year
Aug. 11 1959

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/7/1869

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Homemaker

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
Macon Co. Mo.

12. CITIZEN OF WHAT COUNTRY
U S

13a. FATHER'S NAME

Lankford Helton

13b. MOTHER'S MAIDEN NAME

Nancy Sexton

14. NAME OF HUSBAND OR WIFE

Albert R. Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Jack Love, Kirksville, 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)

Cachexia et debilitation

INTERVAL BETWEEN ONSET AND DEATH

Months

DUE TO (b)

Cerebral Encephalomalacia

months

DUE TO (c)

Cerebral Arteriosclerosis

senescence

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.

☐ Yes ☐ No ☐ Unknown

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. 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 2-10-59 to 8-11-59 and last saw her alive on 8-11-59
Death occurred at 4:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George H. Scheurer, D. O.

22b. ADDRESS

Kirksville

22c. DATE SIGNED

8-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Aug. 13, 59

23c. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

23d. LOCATION (City, town, or county)

Adair Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.

Aug. 13, 1959

26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

GEORGE H. SCHWEURER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Nova E. Foster
Nova E. Foster
Licensed Embalmer No. 4742

P. O. Address Kirksville, M

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.