URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034456

FILED VS SEP 2 9 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8450

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY JEFF.

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Length of stay in 1b 20 DAYS

c. CITY OR TOWN DeSOTO — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 521 N. 9TH. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ADELINE Middle JANE Last WALLS

4. DATE OF DEATH Month SEPT. Day 11, Year 1959

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH OCT. 13 1872

9. AGE (last birthday) 86

IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY —

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

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME (UNK.) PRUITT

13b. MOTHER'S MAIDEN NAME UNK.

14. NAME OF HUSBAND OR WIFE SIMON A. WALLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Address MRS. EMERY WILLIAMS DeSOTO 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) arterio-sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH years

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

DUE TO (c) 9/16/59 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture right hip (intertrochanteric) Aug 24, 59

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.) Fell at home

20c. TIME OF INJURY Hour a.m. — Month, Day, Year Aug 24, 59

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.) 45 home

20f. CITY, TOWN, OR LOCATION DeSoto — COUNTY Jefferson — STATE Mo.

21. I attended the deceased from Aug 24 1959, to Sept 11, 59 and last saw her alive on Aug 24, 59

Death occurred at 4:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Norf V. McNinstry M.D.

22b. ADDRESS DeSoto, Mo.

22c. DATE SIGNED Sept 12 59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE SEPT. 14 1959

23c. NAME OF CEMETERY OR CREMATORY CITY

23d. LOCATION (City, town, or county) (State) DeSoto Mo

24. FUNERAL DIRECTOR ADDRESS DIETRICH F. HOME DeSoto

25. DATE RECD. BY LOCAL REG. SEP 14 '59

26. REGISTRAR'S SIGNATURE Hoad Smith, M.D. MDB

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

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 m

or by Fred Dietrich, Student Embalmer No. 588

working under my personal supervision.

Student Fred Dietrich
Signature of Student Embalmer

Signed Lowell B. Dietrich

Licensed Embalmer No. 4164

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.