

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH **FILED VS DEC 10 1959**

59-040440

STATE FILE NUMBER

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5778**

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 35 yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes ☐ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospt. No 1			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 1113 E. 16th St.		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Middle Last LOUIS WALLACE				4. DATE OF DEATH Month Day Year November 25, 1959				
5. SEX Male		6. COLOR OR RACE Negro		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 2-2-1886		
9. AGE (last birthday) 73 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Austin, Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME W.H. Wallace			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Bernice Wallace		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Navy 1901			16. SOCIAL SECURITY NO. 496-09-1983 A		17. INFORMANT Address Sylvia Johnson 1917 Highland			
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 & Congestion. DUE TO (b) Myocardial Insufficiency. DUE TO (c) Fractured Ribs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility							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.) Traffic Accident.				
20c. TIME OF INJURY Hour a.m. p.m. 2		Month, Day, Year 11/25/59						
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.) 19th & Paseo		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.		COUNTY STATE		
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Deputy Coroner				22b. ADDRESS 1618 Lydia Ave.		22c. DATE SIGNED 11/28/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-5-59		23c. NAME OF CEMETERY OR CREMATORY Lincoln		23d. LOCATION (City, town, or county) Kansas City, Missouri		
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton Blvd.				25. DATE RECD. BY LOCAL REG. 11-30-59		26. REGISTRAR'S SIGNATURE Theresa Marshall		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

Thilman

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 Nicholas Green

Licensed Embalmer No. 4721

P. O. Address _____

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.