

MIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

-60-006024

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 576 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		Length of stay in 1b 63 Yrs.	c. CITY OR TOWN Clinton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 406 E. Lincoln St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 406 E. Lincoln Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Floyd Middle Ramsey Last Wallace			4. DATE OF DEATH Month Feb. Day 27 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-31-1897	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 3 Days 26 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired mail carrier		10b. KIND OF BUSINESS OR INDUSTRY Vernon Co., Mo.	11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Tom Wallace		13b. MOTHER'S MAIDEN NAME Lillie Pilcher		14. NAME OF HUSBAND OR WIFE Clara Wallace	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Floyd Wallace Clinton, Mo.	

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 3 mon. 19 mon.
IMMEDIATE CAUSE (a) Congestive Heart Failure			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Occlusion		
DUE TO (c) Arteriosclerosis			

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		
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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.)			
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		COUNTY STATE

21. I attended the deceased from **July 21, 1958** to **Feb. 27, 1960** and last saw ^{her}him alive on **Feb. 27, 1960**
Death occurred at **11:30** **A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>James O. Smith M.D.</i>	22b. ADDRESS 106 S. Third St., Clinton, Mo.	22c. DATE SIGNED 2/29/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 29, 1960	23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery	23d. LOCATION (City, town, or county) Clinton, Missouri	(State)
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24. FUNERAL DIRECTOR H.A. Vansant, Clinton, Mo.	25. DATE RECD. BY LOCAL REG. Feb 29, 1960	26. REGISTRAR'S SIGNATURE <i>Maldred Bigum</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0981 T. G. 3077

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 N. J. Tausant

Licensed Embalmer No. 3779

P. O. Address Blinton,

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.