URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

-60-015694

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 1002 Registrar's No. 2482

NDED

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in Ib: 3 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MUEHLEBACH — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: CALIF. b. COUNTY: Santa Barbara
c. CITY OR TOWN: SANTA BARBARA — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1012 CHELTENHAM ROAD. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First GLENN Middle L Last WALLACE
4. DATE OF DEATH: Month MAY Day 2 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12 26 02
9. AGE (last birthday): 57 yrs.
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): CHIEF PROBATION OFFICER
10b. KIND OF BUSINESS OR INDUSTRY: SANTA BARBARA
11. BIRTHPLACE (City and state or country): ~~ORG.~~ Oregon
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: FRANK WALLACE.
13b. MOTHER'S MAIDEN NAME: RHODA UNKNOWN
14. NAME OF HUSBAND OR WIFE: BARBARA ANN WALLACE.
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.: UNKNOWN
17. INFORMANT: WELCK RYCE F. H. Address: SANTA BARBARA CALIF.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Spontaneous Subarachnoid
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hemorrhage.
DUE TO (c)
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)
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 _____, to _____ and last saw her/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: Hugh N. Owens (Degree or title): Coroner
22b. ADDRESS: 1034 Pueblo Bldg.
22c. DATE SIGNED: 5-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: MAY 5, 1960
23c. NAME OF CEMETERY OR CREMATORY: SANTA BARBARA CALIF. CEM
23d. LOCATION (City, town, or county) (State): SANTA BARBARA CALIF.

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS KC. MO.
ADDRESS:
25. DATE RECD. BY LOCAL REG.: 5-4-60
26. REGISTRAR'S SIGNATURE: Neva Mendenhall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Hugh Owens

DOCUMENT

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_____ Signed Albert L Sav

Signature of Student Embalmer

Licensed Embalmer No. H 812

P. O. Address Kansa

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