

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Rosendale</u>		Length of stay in 1b <u>53 yrs</u>		c. CITY OR TOWN <u>Rosendale</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Phillip WALLACE</u>				4. DATE OF DEATH Month Day Year <u>6 - 9 - 1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>12-9-1906</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>oil dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Andrew Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph WALLACE</u>		13b. MOTHER'S MAIDEN NAME <u>LOUELLA DRAGOO</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-10-9264</u>		17. INFORMANT <u>RAY WALLACE Rosendale Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
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.)				PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown			
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 <u>Jan 1958</u> to <u>June 9 - 1960</u> and last saw her alive on <u>June 8 - 1960</u> Death occurred at <u>5:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Dr. V. R. Wilson M.D.</u>				22b. ADDRESS <u>Rosendale Mo</u>		22c. DATE SIGNED <u>6-9-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-11-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>		23d. LOCATION (City, town, or county) (State) <u>SAVANNAH Mo</u>	
24. FUNERAL DIRECTOR <u>Breit-Hawkins Funeral Home</u>		ADDRESS <u>SAVANNAH Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6-11-60</u>		26. REGISTRAR'S SIGNATURE <u>William Sparks</u>	

DOCUMENT

MEDICAL CERTIFICATION

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah

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.