

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019104

FILED VS MAY 23 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 556-A STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Springfield,		Length of stay in 1b 1 hr.		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3060 W. Chestnut			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 617 N. Hilcrest			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Olin Benjamin Wallace				4. DATE OF DEATH Month May Day 9, Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-26-1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orchard man		10b. KIND OF BUSINESS OR INDUSTRY Orchard		11. BIRTHPLACE (City and state or country) Logan, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Luther Wallace			13b. MOTHER'S MAIDEN NAME Mattie Earnhart		14. NAME OF HUSBAND OR WIFE Tinnie Cantrell Wallace		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-12-0777		17. INFORMANT Address Harold Wallace Springfield, 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) Coronary Thrombosis DUE TO (b) Hypertension DUE TO (c) _____ 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)					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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.		Month, Day, Year _____					
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 1955 , to May 9, 1960 and last saw ^{her} him alive on May 6, 1960 Death occurred at 8:30 P/ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. Mitchell, D.O.				22b. ADDRESS Republic, Mo.		22c. DATE SIGNED 5-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-12-1960	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		23d. LOCATION (City, town, or county) Logan, Mo.			(S: ie)
24. FUNERAL DIRECTOR W.B. Cantrell Republic, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 5-18-60	
REGISTRAR'S SIGNATURE Effie G. Melton							

(Licensed Embalmer's Statement on Reverse Side)

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William B. Conner

Licensed Embalmer No. *4820*

P. O. Address *Republic*

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.