

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 27 1960

328

Primary Registration District No. 3073

Registrar's No. 20

=60-022015

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY SCOTT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHAFFEE		Length of stay in lb 6 YRS.		c. CITY OR TOWN CHAFFEE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION 210 COOK AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 210 COOK AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN (NMN) WALLACE				4. DATE OF DEATH Month Day Year MAY 1, 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 JAN. 13, 1886	
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min. 3 18		IF UNDER 24 HR Hours Min. 3 18			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RET.)		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) NEWPORT, ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JIM WALLACE		13b. MOTHER'S MAIDEN NAME SARAH ELMOR		14. NAME OF HUSBAND OR WIFE NETTIE JEANETTE 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. 491-30-5689		17. INFORMANT Address NOBLE WALLACE - CHAFFEE, 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) MESENTERIC THROMBOSIS DUE TO (b) ATHEROSCLEROSIS DUE TO (c) HYPERTENSION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MYOCARDOSIS						INTERVAL BETWEEN ONSET AND DEATH 1 DAY YEARS YEARS	
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 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 4-26-60 to 5-1-60 and last saw him alive on MAY 1, 1960 Death occurred at CHAFFEE, MO. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Dr. Davis			
22b. ADDRESS CHAFFEE, MO.				22c. DATE SIGNED 5-3-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 3, 1960		23c. NAME OF CEMETERY OR CREMATORY UNION PARK CEMETERY		23d. LOCATION (City, town, or county) (State) CHAFFEE, MISSOURI	
24. FUNERAL DIRECTOR DISPLINGHOFF FUNERAL HOME - CHAFFEE, MO		ADDRESS CHAFFEE, MO		25. DATE RECD. BY LOCAL REG. MAY 19-1960		26. REGISTRAR'S SIGNATURE Mrs. Fred Baughman	

(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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Jack T. Burnett

Licensed Embalmer No.

4473

P. O. Address

C. Heffer, M.

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.