

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027577

FILED VS AUG 1 1960 187

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 137

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY LIVINGSTON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 3 years		c. CITY OR TOWN Hale,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 309 Polk St				Inside Limits Y <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)			First Middle Last			4. DATE OF DEATH	
ANNA WALLACE						July 23, 1960	
5. SEX Female		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 Aug. 21, 1881	
						9. AGE (last birthday) 78	
						IF UNDER 1 YEAR IF UNDER 24 HR	
						Months Days Hours Min.	
						11 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ridgeway, Missouri, U. S. A.	
13a. FATHER'S NAME Thomas Garner				13b. MOTHER'S MAIDEN NAME Mary Jacobs,		14. NAME OF HUSBAND OR WIFE R. K. 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 Address Mrs Virgil McDaniel, Springfield, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Chronic myocarditis							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) arteriosclerosis							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia - Arthritis						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 1958 to July 23-60 and last saw her alive on July 16-1960 Death occurred at 6:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Joseph F. Gale M.D.				22b. ADDRESS Chillicothe Mo.		22c. DATE SIGNED 7-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/26, 1960		23c. NAME OF CEMETERY OR CREMATORY Cameron Cemetery		23d. LOCATION (City, town, or county) (State) Hale, Missouri.	
24. FUNERAL DIRECTOR Clifford W. Austin F-H Hale, Mo.				25. DATE RECD. BY LOCAL REG. July 26, 1960		26. REGISTRAR'S SIGNATURE Annalee Taylor	

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 B. J. Ludley

Licensed Embalmer No. 4822

P. O. Address Chillico

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