

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

249-60-027838

FILED VS. JUL 20 1960

ENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

250

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 3 weeks		c. CITY OR TOWN Sedalia		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 1218 East 5th Street		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First MOLLIE Middle FOOR Last WALLACE				4. DATE OF DEATH Month July Day 11 Year 1960				
5. SEX Female		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH May 2, 1874		
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months 2 Days 9		IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher				10b. KIND OF BUSINESS OR INDUSTRY School Teacher		11. BIRTHPLACE (City and state or country) Shelby County, Illinois		
12. CITIZEN OF WHAT COUNTRY U. S.								
13a. FATHER'S NAME Calvin J. Foor				13b. MOTHER'S MAIDEN NAME Sarah Russell		14. NAME OF HUSBAND OR WIFE Samuel M. 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. Bothwell Hospital		17. INFORMANT Address 		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDITIS INTERVAL BETWEEN ONSET AND DEATH 24 HRS DUE TO (b) HYDROSTATIC PNEUMONIA 24 HRS. DUE TO (c) FRACTURED RT. FEMUR 18 DAYS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SENILITY 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 6-24-60 to 7-11-60 and last saw her him alive on 7-11-60		Death occurred at 12:24 P on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) D. W. Heckart				22b. ADDRESS Sedalia, Mo		22c. DATE SIGNED 7/12/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 13, 1960		23c. NAME OF CEMETERY OR CREMATORY Crowley Cemetery		23d. LOCATION (City, town, or county) (State) Rayville, Missouri		
24. FUNERAL DIRECTOR D. W. Heckart - Sedalia, Missouri		25. DATE RECD. BY LOCAL REG. 7-13-1960		26. REGISTRAR'S SIGNATURE Frances Shelby				

(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 _____

Licensed Embalmer No. 3470

P. O. Address Sedalia,

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.