

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035521

FILED VS SEP 2 8 1960

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELDON</u>		c. CITY OR TOWN <u>ELDON</u>	
Length of stay in lb <u>19 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>109-N-MILL-ST</u>		d. STREET ADDRESS (If outside, give location) <u>109-N-MILL-</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>SATTIE</u> Middle <u>EMELINE-</u> Last <u>WALLIS</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>20</u> Year <u>1960</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>20 Oct-1895</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>		11. BIRTHPLACE (City and state or country) <u>Miller-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Ben-Jeffries</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH-Huddleston</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur-Wallis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Abbie-Anderson-</u> Address <u>Linn-Creek-Mo</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u>
IMMEDIATE CAUSE (a) <u>Carcinoma Vulva e</u>		
DUE TO (b) <u>Metastasis</u>		
DUE TO (c) _____		
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 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.) <u>NONE</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>NONE</u>	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.) <u>NONE</u>	20f. CITY, TOWN, OR LOCATION <u>NONE</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>May 1960</u> to <u>Sept 1960</u> and last saw her alive on <u>Sept 19-1960</u> Death occurred at <u>2:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>M. E. Humphreys DO</u>		22b. ADDRESS <u>Tuscumbia-Mo</u>		22c. DATE SIGNED <u>22 Sept-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL-</u>	23b. DATE <u>23 Sept-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT-PLEASANT</u>	23d. LOCATION (City, town, or county) (State) <u>Miller-Co-Mo</u>	
24. FUNERAL DIRECTOR <u>Keith McKay</u>	ADDRESS <u>ELDON-MO</u>	25. DATE RECD. BY LOCAL REG. <u>Sept. 22, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Oliveretta Waltz</u>	

(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

Keith M. Payne

Licensed Embalmer No. 3998

P. O. Address Eldon 7

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.