

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1960

-60-037163

STATE FILE NUMBER

INDEXED

Registration District No.

333

Primary Registration District No.

4477

Registrar's No.

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Shelby			
b. CITY (If outside corporate limits, give TOWNSHIP only) Clarence		Length of stay in 1b 62 Yrs		c. CITY OR TOWN Clarence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Leonard Middle Albin Last Wallace				4. DATE OF DEATH Month Sept Day 20th Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/7/1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 8 Days 13	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and state or country) Clarence Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Harry Wallace		13b. MOTHER'S MAIDEN NAME Elnora Miller		14. NAME OF HUSBAND OR WIFE Alice Wallace Clarence Mo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 494-38-4330		17. INFORMANT Alice Wallace Clarence 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 OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY SCLEROSIS DUE TO (c) Chronic Myocardial Failure						INTERVAL BETWEEN ONSET AND DEATH 10 minutes 1 Year 6 mos	
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 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 Aug 10, 1969 to Sept 20, 1960 and last saw him alive on Sept 29, 1960 Death occurred at 7:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Bh. Edgington D.O.		(Degree or title)		22b. ADDRESS Clarence mo		22c. DATE SIGNED 9-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/23/1960		23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		23d. LOCATION (City, town, or county) (State) Clarence Mo	
24. FUNERAL DIRECTOR Barkelaw & Davis		ADDRESS Shelbina Mo		25. DATE RECD. BY LOCAL REG. 10-3-61		26. REGISTRAR'S SIGNATURE Huntard W. M. D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 4 1980

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 Henry A. Burklee

Licensed Embalmer No. 3835

P. O. Address Phillipsburg

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.