

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS DEC 29 1960

-60-047069

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 253 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, give town) <u>Rolla</u> OR TOWN <u>Rolla</u>		c. CITY OR TOWN <u>Newburg RT-2</u>	
Length of stay in lb <u>2 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>RT.# 2</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>George</u> Middle <u>MARTIN</u> Last <u>WALLACE</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>25</u> Year <u>1960</u>			
5. SEX <u>Male</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>Oct 12-1912</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u>	IF UNDER 24 HR Hours <u>13</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		11. BIRTHPLACE (City and state or country) <u>Pulaski MO County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Wm A. Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Grisham</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>702-12-6713</u>		17. INFORMANT <u>FRANK WALLACE</u> Address <u>Kansas City 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>36 hours</u>
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardiovascular renal disease</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 type="checkbox"/> No <input type="checkbox"/> Unknown		
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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 <u></u> Month, Day, Year <u></u>					

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 <u>Newburg Mo</u>		COUNTY <u></u> STATE <u></u>
21. I attended the deceased from <u>Dec 23rd</u> to <u>Dec 25-60</u> and last saw her/him alive on <u>Dec 25, 60</u> Death occurred at <u>12:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Richard E. Myers</u> (Degree or title)		22b. ADDRESS <u>Newburg, Mo Dec 25, 60</u>		22c. DATE SIGNED <u>12-25-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Dec 28, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Roach Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>North of Newburg Mo.</u>
24. FUNERAL DIRECTOR <u>Lee Johnson</u> ADDRESS <u>Newburg Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 26, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 FEB 2

**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 William Lee Strawler

Licensed Embalmer No. 5043

P. O. Address Newburg

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